START OF RETAKE SECTION

THIS RETAKE SECTION CONTAINS MICRO-PHOTOGRAPHS OF RECORDS WHICH WERE OMITTED OR INADEQUATELY REPRODUCED ON THE ORIGINAL MICROFILM REEL.

FOR A DESCRIPTION OF THE FILES AFFECTED BY THESE RETAKES, SEE THE OPERATOR'S RETAKE REPORT AT THE END OF THIS RETAKE SECTION.

STATE OF MARYLAND

HR-RM 30
(4 - 1 - 54)
Hall of Records Commission

81776

RETURN OF

To the Office of Registrar of Vital Statisti

No. of Child of Mother, (state whether 1st, 2d, 3d, &

1. *Sex, (state whether male or female)* ..... *C*
2. *Race or Color, (if not of the white race)* ..... *C*
3. *Date of Birth,* ..... *Marc*
4. *Place of Birth, (Street and Number)* *120*
5. *Full Name of Mother,* ..... *Catharin*
6. *Mother's Maiden Name,* ..... *"*
7. *Mother's Birthplace,* ..... *Balt*
8. *Full Name of Father,* ..... *Wm. J. Da*
9. *Father's Occupation* ..... *Lab*
10. *Father's Birthplace,* ..... *Balto*

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, ...

A

8 9 7 0 0 0 1 4 0 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

81777

236]

e on blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF

To the Office of Registrar of Vital Statist

No. of Child of Mother, (state whether 1st, 2d, 3d,

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B

8 9 7 0 0 0 1 4 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

81778

RETURN OF

To the Office of Registrar of Vital Statistic

No. of Child of Mother, (state whether 1st, 2d, 3d, &c
1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, 15 March 189
4. Place of Birth, (Street and Number) 226 C
5. Full Name of Mother, Sara Kra
6. Mother's Maiden Name, Sara Kao.
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Franck
9. Father's Occupation Kaplan
10. Father's Birthplace, Baltim

Name of Medical Attendant, or other person who makes this Return,

Address, 504 S Washing

Remarks,

8970001408 C

Wm. J. C. Dulany Co., City Printers and Stationers

81779

36]

RETURN OF

To the Office of Registrar of Vital Statisti

No. of Child of Mother, (state whether 1st, 2d, 3d, &

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 1. Fo
5. *Full Name of Mother,* Anna Fre
6. *Mother's Maiden Name,* Anna
7. *Mother's Birthplace,*
8. *Full Name of Father,* John
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 7 0 0 0 1 4 0 8 D

register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissione
Health. This schedule shall contain a list of the births wh
month, and shall set forth as far as the same can be ascertai
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be re

Wm. J. C. Dulany Co., City Printers and Stationers.

81781

1236.]

RETURN OF

To the Office of Registrar of Vital Statistics

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.

1. *Sex, (state whether male or female)* W
2. *Race or Color, (if not of the white race)* Mulat
3. *Date of Birth,* 7-
4. *Place of Birth, (Street and Number)* Cecelia
5. *Full Name of Mother,* C
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Stuart
9. *Father's Occupation* Iron Mo
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, G

Address, 2916

Remarks, E

8970001408

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

81780

RETURN OF

To the Office of Registrar of Vital Statistics

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth,* March 15 - 18
4. *Place of Birth, (Street and Number)* 923 N
5. *Full Name of Mother,* Marion Wh
6. *Mother's Maiden Name,* " Ro
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Oscar S.
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return,

Address, 1219 N. Caroline

Remarks,

8 4 7 0 0 0 1 4 0 8 f

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred since the ... day of ... last preceding the date of the return, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81775

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 1606. Marshall Street.
4. Place of Birth, (Street and Number) March 14. (2.15. A. M.)
5. Full Name of Mother, Catherine Anna Miller,
6. Mother's Maiden Name, Wagner,
7. Mother's Birthplace, Culmbach - Germany
8. Full Name of Father, George Hubert Miller,
9. Father's Occupation Cigarmaker,
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kraus / for the

Address, Mothers Relief Society / 1012 Eutaw Place.

Remarks,

1071000140 8 G

Wm. J. C. Dulany Co., City Printers and Stationers.

Registrar of each Ward, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank scheme, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 March 1894
4. Place of Birth, (Street and Number) 1893 Easter av
5. Full Name of Mother, Ida Fiddler
6. Mother's Maiden Name, Ida Dombroske
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Fiddler
9. Father's Occupation Milk Dairy
10. Father's Birthplace, Baltimore MD.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8970001408

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 81783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 16 - 27

4. Place of Birth, (Street and Number) 2015 E Eden St

5. Full Name of Mother, Mary E McElaney

6. Mother's Maiden Name, Ledwidge

7. Mother's Birthplace, Md

8. Full Name of Father, James E McElaney

9. Father's Occupation Asbestos Worker

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 E Baltimore St

Remarks,

8970001408 I

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 81784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white.

3. *Date of Birth,* 16th March 1890

4. *Place of Birth, (Street and Number)* 1212 Hanover st.

5. *Full Name of Mother,* Teresa Klark

6. *Mother's Maiden Name,* Robert.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Alsen Klark

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lissenmeyer.

Address, 2922 Elliott

Remarks,

1 8 9 7 0 0 0 1 4 0 8 J.

register of such birth, and shall enter the same therein which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

END OF RETAKE SECTION

STATE OF MARYLAND

HR-RM 31
(4 - 1 - 54)
Hall of Records Commission

173-8

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

This microfilming is being performed with the assistance of the Hall of Records Commission, Records Management Division. (Chapter 436, Acts of 1953).

Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH 1906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color. (if not of the white race)* W

3. *Date of Birth,* Jan

4. *Place of Birth, (Street and Number)* 12 W Lanvale St

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Beckett

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Jul Dr 17 W

Address,

Remarks,

897 000007

been conferred, its sex, or the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and 3rd day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 79907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a child shall die, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1st 1907
4. *Place of Birth, (Street and Number)* 1907 N. Bayard st
5. *Full Name of Mother,* Mary Lydia Garrett
6. *Mother's Maiden Name,* Mary Lydia Garrett
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Perry Garrett
9. *Father's Occupation,* Clerk Post Office
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eva C Burke

Address, 2524 N. Lexington st

Remarks, Healthy

18970000002

RETURN OF A BIRTH 79908

GIVEN NAME ADDED 4-30-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herbert Phillips

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st day of Janiy 1897
4. Place of Birth, (Street and Number) 228 N. Carey st
5. Full Name of Mother, Clara Etta Phillips
6. Mother's Maiden Name, Dowell
7. Mother's Birthplace, Sykesville Md
8. Full Name of Father, Herbert Phillips
9. Father's Occupation, Dentist
10. Father's Birthplace, State of Massachusetts

Name of Medical Attendant, or other person who makes this Return, Raulston Stordyke M.D. 707 W Lemmon st

Address,

Remarks, As with the child, so with every one & deliver - on the 1st day & put a few drops of Nitrate Silver, 5 grs to an oz

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1. 1894
4. *Place of Birth, (Street and Number)* 709 Dolphin St.
5. *Full Name of Mother,* Roberta Brewer Campbell
6. *Mother's Maiden Name,* Roberta Brewer Campbell
7. *Mother's Birthplace,* Baet. City
8. *Full Name of Father,* Robert Brewer
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* New York.

Name of Medical Attendant, or other person who makes this Return, M. Brewer M.D.

Address, 1106 McCulloh St.

Remarks,

8970000004

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same in such register under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-2-60

RETURN OF A BIRTH. 79910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clara Louise Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1897
4. Place of Birth, (Street and Number) No 1805 Hanover St.
5. Full Name of Mother, Sadie R. Martin
6. Mother's Maiden Name, Sadie R. Garbrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John R. Martin
9. Father's Occupation Liner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd st

Remarks,

+ 8970000005

Health. This schedule shall contain a list of the births which have occurred [illegible] any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 1 '96
4. *Place of Birth, (Street and Number)* 1201 N. Bentham St
5. *Full Name of Mother,* Lulu Bloebel
6. *Mother's Maiden Name,* " Dietz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Francis Bloebel
9. *Father's Occupation* Coppersmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walbert St

Remarks,

1 8 9 7 0 0 0 0 0 0 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 79912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred in the family since the last return, the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule and shall set forth as far as the same can be ascertained between the first and third day of ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 1st 1897
4. Place of Birth (Street and Number),	410 Hoffman Street, West
5. Full Name of Mother,	Rosa Barbara Feichter
6. Mother's Maiden Name,	R B Feichter
7. Mother's Birthplace,	Thalheim, Wurtemburg, Germany
8. Full Name of Father,	Real name not known, assumed name Wm Ross Haines
9. Father's Occupation,	Has no occupation
10. Father's Birthplace,	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return.	M. Magdalene Warner, M.D.
Address,	410 Hoffman Street, West
Remarks,	

8 9 7 0 0 0 0 0 0 7

The Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 11/20/74

RETURN OF A BIRTH. 79913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Espey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jun 1st 97
4. Place of Birth, (Street and Number) 208 N Port St
5. Full Name of Mother, Mary Espey
6. Mother's Maiden Name, Pfeffer
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Louis Espey
9. Father's Occupation Cabbage driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, 1907 E Monument St

Remarks, Filed 1897

8 9 7 0 0 0 0 0 0 8

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 1st 1897
4. Place of Birth, (Street and Number)	# 325 Warren av
5. Full Name of Mother,	Clara Va Hess
6. Mother's Maiden Name,	Hoffman
7. Mother's Birthplace,	Harford Co Md.
8. Full Name of Father,	Herman A. Hess
9. Father's Occupation,	Secretary
10. Father's Birthplace,	Lancaster Co Va
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Warren st cor Barre
Remarks,	

1 8 9 7 0 0 0 0 0 0 9

Baltimore under whose charge or superintendence a child shall be born, and every person who shall keep a lying-in house, shall register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 79915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 1 — 1896
4. Place of Birth, (Street and Number) 515 S. Wolfe St.
5. Full Name of Mother, Caroline Leimbach
6. Mother's Maiden Name, Wenzel
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Leimbach
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fifth St.

Remarks,

8970000010

Baltimore under whose charge or supervision each birth shall occur shall hereafter take proper steps to secure the registration of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1336.]

RETURN OF A BIRTH. 79916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male, 5th Child
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 1st 1897
4. *Place of Birth, (Street and Number)*	1122 Light St.
5. *Full Name of Mother,*	Lizzie Kline
6. *Mother's Maiden Name,*	Lizzie Levat
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Henry Kline
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Elsa Brooke
Address,	1828 Light St
Remarks,	Living well.

8 9 7 0 0 0 0 0 1 1

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 7917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished to her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 1 - 1897
4. Place of Birth, (Street and Number) 2125 W Lexington St
5. Full Name of Mother, Annie M. R. Kuhl
6. Mother's Maiden Name, Reul
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George W. Kuhl
9. Father's Occupation, Tin & Sheet iron worker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. J. Wm Funck M.D.

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.

Remarks,

8970000012

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 27
4. *Place of Birth, (Street and Number)* 507 Pulford St
5. *Full Name of Mother,* Emma Leighman
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lossa Reid
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Catanda

Address, 509 N Preston Street

Remarks,

8 9 7 0 0 0 0 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 79919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 2 97
4. *Place of Birth, (Street and Number)* 1919 Oliver St
5. *Full Name of Mother,* Scholastiska Hoffeld
6. *Mother's Maiden Name,* " Michel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard Hoffeld
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Harlem St

Remarks,

8 9 7 0 0 0 0 0 0 1 4

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 79920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to coupply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1897
4. *Place of Birth, (Street and Number)* 1315 Jefferson St
5. *Full Name of Mother,* Gertrude Karfskin
6. *Mother's Maiden Name,* Eisenman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Karfskin
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central ave.

Remarks,

8970000015

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 79921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2th 1897
4. *Place of Birth, (Street and Number)* 2123 Macdery St
5. *Full Name of Mother,* Barbara Norbert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Henry Norbert.
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kotes

Address, 205 N Wisheon ston St

Remarks,

8970000016

Wm. J. C. Dulany Co,. City Printers and Stationers.

...register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

SECTION 7. Any midwife or nurse in attendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2nd 1897
4. *Place of Birth, (Street and Number)* 633 Gough St.
5. *Full Name of Mother,* Mamie Schultze.
6. *Mother's Maiden Name,* Mamie Heed.
7. *Mother's Birthplace,* Balto, Md
8. *Full Name of Father,* Edward Schultze
9. *Father's Occupation* Police man
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Harry Byrd

Address, 617 Columbus

Remarks,

8 9 7 0 0 0 0 0 1 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 79923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 97
4. *Place of Birth, (Street and Number)* 811 W. Lexington Street
5. *Full Name of Mother,* Minnie Edith Parker
6. *Mother's Maiden Name,* " " Keane
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Van Parker
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Dunn Dr.

Address, 218 N. Poppleton St.

Remarks,

847 0 0 0 0 0 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall occur the physician, midwife, or other person in charge, shall register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W. H.
3. Date of Birth, Jan 2 1897
4. Place of Birth, (Street and Number) 807 W. Mulberry St.
5. Full Name of Mother, Lizzie Thalwitzer
6. Mother's Maiden Name, Jacobs
7. Mother's Birthplace, Germany
8. Full Name of Father, August Thalwitzer
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. L. Mumford

Address, 939 W. Fayette St.

Remarks, 8970000019

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blanks so furnished, to be called for by, or sent to, the registrar, or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colo
3. *Date of Birth,*	Jan. 2 1896
4. *Place of Birth, (Street and Number)*	529 Bruce St
5. *Full Name of Mother,*	Florida Pettagrew
6. *Mother's Maiden Name,*	Florida Williams
7. *Mother's Birthplace,*	Gloster Co Va
8. *Full Name of Father,*	H. Pettagrew
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Lexington Co. Va.
Name of Medical Attendant, or other person who makes this Return,	Mrs C. Williams
Address,	910 Leaden Hall St.
Remarks,	

1 8 9 7 0 0 0 0 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 79926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under this [illegible] during the preceding week. This schedule shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 2nd 1897
4. Place of Birth (Street and Number),	410 Hoffman Street
5. Full Name of Mother,	Mary Katherine Elizabeth Kline
6. Mother's Maiden Name,	Mary K. E. Kline
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	Henry Metzel
9. Father's Occupation,	Saloon keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. Magdalene Warner, M.D.
Address,	410 Hoffman Street, West
Remarks,	

8 9 7 0 0 0 0 0 2 1

The Baltimore Publishing Co., City Printers and Stationers

more under whose charge or superintendence a birth shall hereafter take place, shall keep a correct
register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health.
This schedule shall contain a list of the births which have occurred under his or her care during the month,
and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con-
ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 79927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Jan 2nd, 1897
4. *Place of Birth (Street and Number),* 410 Hoffman Street
5. *Full Name of Mother,* Mary E. Jones
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Towsontown, Md.
8. *Full Name of Father,* Wm. Edwards
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West.

Remarks,

8 9 7 0 0 0 0 0 0 2 2

The Baltimore Publishing Co., City Printers and Stationers

Form 1336

RETURN OF A BIRTH. 79928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan. 2 — 1896
4. *Place of Birth, (Street and Number)*	2208 Boyer St.
5. *Full Name of Mother,*	May Virginia Kernan Butler
6. *Mother's Maiden Name,*	Garret Co. Md
7. *Mother's Birthplace,*	Francis Kernan
8. *Full Name of Father,*	Laborer
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mary Stein
Name of Medical Attendant, or other person who makes this Return,	
Address,	1427 E Pratt St.
Remarks,	

8970000023

Baltimore under whose charge or supervision children are born, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 2nd 1897
4.	*Place of Birth, (Street and Number)*	1407 N. Mount St
5.	*Full Name of Mother,*	Mrs Zenkia Katz
6.	*Mother's Maiden Name,*	Miss Zenkia Cohen
7.	*Mother's Birthplace,*	Balto City Md
8.	*Full Name of Father,*	David Katz
9.	*Father's Occupation,*	Traveling Salesman
10.	*Father's Birthplace,*	Penn.
	Name of Medical Attendant, or other person who makes this Return	Dr. H. Chappell,
	Address,	1351 N Gilmor St
	Remarks,	

8 9 7 U 0 0 0 0 0 2 4

Baltimore under whose charge or supervision a child is born, to be furnished by the Commissioner of Health on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Penalties under this section are recoverable as other fines and forfeitures are recoverable to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Karl John Eisenhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Jan 2 1897
4. *Place of Birth, (Street and Number)*	1718 E Lexington St
5. *Full Name of Mother,*	Florence Eisenhardt
6. *Mother's Maiden Name,*	" Nelson
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Eisenhardt
9. *Father's Occupation*	Brewery
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1601 N Broadway
Remarks,	

8 9 7 0 0 0 0 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...duties of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of ... register of such births which have occurred under his or her care during the ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Jan. 2, 1897
4. *Place of Birth, (Street and Number)* 426 E. York Street Baltimore, Md.
5. *Full Name of Mother,* Pid Levin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Elie Levin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barbes

Address, 426 E. York Street

Remarks,

8970000026

This schedule shall contain a list of the christian and family name of each child, if any shall have been given, born alive or dead within the district during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 79932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall report a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January th 3 1897.
4. Place of Birth, (Street and Number) 629 Wolf Street
5. Full Name of Mother, Annie Pivek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, John Pivek
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 905 N Washington Street

Remarks,

8970000027

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 January 3, 1897.

1. Sex, (state whether male or female) Male, ~~Male~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3. 1897
4. Place of Birth, (Street and Number) Lee Street, Baltimore, Md.
5. Full Name of Mother, Mattie V. Swanley
6. Mother's Maiden Name, Mattie V. Angelier
7. Mother's Birthplace, Frederick, Maryland
8. Full Name of Father, Frank Angelier,
9. Father's Occupation Candy Maker
10. Father's Birthplace, Corsica

Name of Medical Attendant, or other person who makes this Return, Mrs. Ann Taylor.

Address, 41 Guilford Alley. Baltimore, M. D.

Remarks,

8970000028

Wm. J. C. Dulany Co,. City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 79934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3rd 1897
4. Place of Birth, (Street and Number) 120 Brady Ave (Annex)
5. Full Name of Mother, Emma B. Stagner
6. Mother's Maiden Name, " " Bryar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jesse B. Stagner
9. Father's Occupation Shirt Cutter
10. Father's Birthplace, Baltimore Co Md.

Name of Medical Attendant, or other person who makes this Return, R L Rankin M D

Address, 811 Jefferson Ave Waverly City Annex

Remarks,

8 9 7 0 0 0 0 0 0 2 9

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 79935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Jan 3rd 1897
4. Place of Birth, (Street and Number) 1120 Goldman St
5. Full Name of Mother, Janey Triff
6. Mother's Maiden Name, Janey Taylor
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Stephan William Triff
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Margreth Grigg

Address, 1125 Race St Balto Md

Remarks,

8970000030

been conferred on his sex, color, the date of birth, and the name of the child, by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep at the office of
register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 3d day of January
4. *Place of Birth, (Street and Number)* 1819 E. Biddle St
5. *Full Name of Mother,* Mrs. James Waldman
6. *Mother's Maiden Name,* Estella V. Hunter
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James F. Waldman
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. D. Drewes. Mid-Wife

Address, 1625 Hopkins Ave.

Remarks,

8970000031

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 3 / 97
4. *Place of Birth, (Street and Number)*	919 N. Bacto St.
5. *Full Name of Mother,*	Fannie Cohen Goldstein
6. *Mother's Maiden Name,*	Germany
7. *Mother's Birthplace,*	Joseph Cohen
8. *Full Name of Father,*	Tailer
9. *Father's Occupation*	Germany
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Norwood MD
Address,	929 N Fayette St.
Remarks,	

1897 0 0 0 0 0 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] set forth as far as the same can be ascertained, the date and place of birth, and full name and occupation of its parents, the date and place of their marriage, the month, and shall

RETURN OF A BIRTH. 79938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 3rd 1897
4. Place of Birth, (Street and Number)	#217 Ducan St.
5. Full Name of Mother,	Elizabeth Schaf.
6. Mother's Maiden Name,	Elizabeth Grill
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William Schaf.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Brooklyn N. Y.
Name of Medical Attendant, or other person who makes this Return,	Mary F. Pertner
Address,	241 E. Chester. st
Remarks,	

8 9 7 0 0 0 0 0 3 3

register of such birth, and shall enter the same on a blank schedule, to be furnished for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Race
3. Date of Birth, January 3
4. Place of Birth, (Street and Number) 512 S. Rowalta
5. Full Name of Mother, Lizzie Seifert
6. Mother's Maiden Name, Gould
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Seifert
9. Father's Occupation Hostler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary S. Pratt

Address, 838 S. Broadway Baltimore Md.

Remarks, City

1897000034

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blanks, to be furnished to him or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on [illegible] under his or her care during the
hs which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the
ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
pation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
ne Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7,1940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 3rd 1897
4. *Place of Birth, (Street and Number)* 1015 Dentons
5. *Full Name of Mother,* Sarah Wales
6. *Mother's Maiden Name,* Sarah Hill
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William H. Wales
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave.

Remarks,

1897 0 0 0 0 0 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[No. 1236.]

RETURN OF A BIRTH. 79941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Helen Agatha Dinan 2 -

1. Sex, (state whether ~~male~~ or female) W
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 13/97
4. Place of Birth, (Street and Number) 900 E. Monument St
5. Full Name of Mother, Nora Dinan
6. Mother's Maiden Name, " Granahan
7. Mother's Birthplace, Balto
8. Full Name of Father, Jno. T. Dinan
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W. B. Perry

Address, 700 E. Chase St

Remarks, GIVEN NAME ADDED 12-14-53. h.m

8 9 7 0 0 0 0 0 0 3 6

SECTION 7.—And be it further enacted, that every person required by the Commissioner of Baltimore under whose charge or superintendence a birth shall happen, to be furnished by the Commissioner of Health with a blank schedule, to be filled up as hereinafter directed, and shall return the same on blank schedule, to be furnished by the Commissioner of Health with a blank schedule, to be filled up as hereinafter directed, and shall return the same on or her care during the register of such birth, and shall enter the full name of each child, (if any shall have been born alive) and the sex, color, and the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 79942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & third

1. *Sex, (state whether male or female)* Male 3rd child

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Jan 3rd 1897.

4. *Place of Birth, (Street and Number)* 423 Wesleyan St

5. *Full Name of Mother,* Mary Slater.

6. *Mother's Maiden Name,* Mary Connolly.

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Wm Slater

9. *Father's Occupation* Shipping Clerk

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light St.

Remarks, doing well.

8 9 7 U 0 0 0 0 0 3 7

registrar of births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 79943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 3 1897
4. *Place of Birth, (Street and Number)* 1410 N. Mosher
5. *Full Name of Mother,* Rosie J Blair
6. *Mother's Maiden Name,* " " Doran
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* Joseph J Blair
9. *Father's Occupation* Gardener
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs S Hunter

Address, 23 Mo Appleton Sts

Remarks,

8970000038

register of such birth, and shall enter the same in a book to be kept for that purpose, which shall be the register of such births which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall enter the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th Jan 1897
4. *Place of Birth, (Street and Number)*	735 Franklin St Balto
5. *Full Name of Mother,*	Anna E Bosch
6. *Mother's Maiden Name,*	" " Hickman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carl Bosch
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	W. Wainwright M.D.
Address,	913 n Fulton ave
Remarks,	

8 9 7 0 0 0 0 0 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 79945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January th 4 1897.
4. *Place of Birth, (Street and Number)* 893 Pratt Street
5. *Full Name of Mother,* Annie Kotnek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemaine
8. *Full Name of Father,* John Kotnek
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koftish

Address, 905 N Washington Street

Remarks,

1 8 9 7 U 0 0 0 0 0 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 79946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on their records; to the Commissioner of Health, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	4 January 97
4. *Place of Birth, (Street and Number)*	1308 W. Fayette St.
5. *Full Name of Mother,*	Sarah Thomas
6. *Mother's Maiden Name,*	Sarah Jones
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Edward Thomas.
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	H. Bayley M.D.
Address,	307 E. 21st
Remarks,	Normal Delivery

8970000041

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH (7994)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1897
4. *Place of Birth, (Street and Number)* N. Fulton Avenue #930
5. *Full Name of Mother,* Elsie May Langford
6. *Mother's Maiden Name,* Elsie May Kennedy
7. *Mother's Birthplace,* Lounstown Balto- Co
8. *Full Name of Father,* Arthur Elroy Langford
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return — L G Sparrow M D

Address. #1037 N. Fulton Avenue

Remarks. Premature Birth. Seven Months Child

8970000042

... of the births which may ... the full name of each child ... exact register of such birth, and ... shall contain a list of the ... same can be ascertained, the full name and occupation of its parents, the day and ... sioner of Health, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the day and ... during the month, and the full name and occupation of the practitioner, in the form of a ... any name shall have been conferred, its sex, color, the time when delivered. ... place of its birth, and the said schedule shall be dated and signed by the practitioner, or ... certificate, between the first and third day of each and every month to the Board of Health, midwifery, or ... birth of any child shall occur without the attendance of a practitioner of midwifery, or ... should no other person be in attendance upon the mother, and in the case of ... duty of the parent or parents of such child to report its birth to the Board of Health, ... within the period above required, except in the cases of the children of ... may [illegible] persons who shall hereafter fail to comply with the provisions of this section ... to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... F. TIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) Fifth (5th)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, January 4th 1897
4. Place of Birth, (Street and Number) 625 W Lee St
5. Full Name of Mother, Florence E ~~Dull~~ Birckhead
6. Mother's Maiden Name, Florence E. Dull
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Stephen A. Birckhead
9. Father's Occupation Shirt Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St

Remarks,

8970000043

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4, 1897,
4. Place of Birth, (Street and Number) 1300 N Stricker
5. Full Name of Mother, Marguerite R. Simpson
6. Mother's Maiden Name, Marguerite R Upperco
7. Mother's Birthplace, Md. - Balto City
8. Full Name of Father, Isaac M. Simpson
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, H H Ford Jr M D

Address, 1300 N. Stricker St

Remarks,

Register of Births, and shall also keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

8 9 7 0 0 0 0 0 0 4 4

10-5-65

GIVEN NAME ADDED H. 79950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harman Frederick Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mute
3. Date of Birth, Jan. 4/97.
4. Place of Birth, (Street and Number) 298. S. Callington ave
5. Full Name of Mother, Marie L. C. Miller
6. Mother's Maiden Name, Marie L. C. Euler
7. Mother's Birthplace, Balt. md
8. Full Name of Father, John F. Miller
9. Father's Occupation Furniture Dealer
10. Father's Birthplace, Balt. md

Name of Medical Attendant, or other person who makes this Return A. Bushell, M.D.

Address, 201 N. Broadway

Remarks, Born 3 a.m.

8970000045

Health. This schedule shall contain a list of the names which the parents of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, January 4th 187[illegible]
4. Place of Birth, (Street and Number) 117 Spring Row
5. Full Name of Mother, Julia Ferber
6. Mother's Maiden Name,
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Moses Ferber
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return,

Address, 242 South Eden St.

Remarks, Lena Hagenbuch

8970000046

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 79952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 4th 1897
4. *Place of Birth, (Street and Number)*	613 Constitution St
5. *Full Name of Mother,*	Laura Mason
6. *Mother's Maiden Name,*	" Banks
7. *Mother's Birthplace,*	Cockeysville. Md.
8. *Full Name of Father,*	Albert Mason
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Liberty. Md.
Name of Medical Attendant, or other person who makes this Return.	Mary Tibbs
Address,	719 Burrow St.
Remarks,	None.

8970000047

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
register of such birth, and shall contain a list of the births w
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascert
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offense, to be re

RETURN OF A BIRTH. 79953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 4

4. *Place of Birth, (Street and Number)* 204 E. Church St.

5. *Full Name of Mother,* Annie Walter Schmidt

6. *Mother's Maiden Name,* " Germann

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August Walter

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

8 9 7 0 0 0 0 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4
4. *Place of Birth, (Street and Number)* 712 Thames Sty
5. *Full Name of Mother,* Mary Kochanowsky
6. *Mother's Maiden Name,* Kowalewsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Kochanowsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Greth

Address, 838 S. Bond Str.

Remarks, Baltimore And. City

8970000049

Health. This Return shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each district of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 5. 97
4. *Place of Birth, (Street and Number)* 1429 E. Monument st.
5. *Full Name of Mother,* Edith April Gerting
6. *Mother's Maiden Name,* " " Kay
7. *Mother's Birthplace,* Havre de Grace, Md.
8. *Full Name of Father,* William E. Gerting
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1321 N. Caroline St.

Remarks,

8 9 7 0 0 0 0 0 5 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1206.]

RETURN OF A BIRTH. 79956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January th 1897
4. *Place of Birth, (Street and Number)* 609 Burk Street
5. *Full Name of Mother,* Mearie Novak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemaine
8. *Full Name of Father,* Vincent Novak
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koptiak

Address, 905 W Washington Street

Remarks,

8970000051

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 79957

GIVEN NAME ADDED 5-1-62

To the Office of Registrar of Vital ~~Statistics~~, Board of Health, Baltimore City.

Name: Albert Edward Mandley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 January 1897
4. *Place of Birth, (Street and Number)* 1822 Clement st.
5. *Full Name of Mother,* Elisa Mandley
6. *Mother's Maiden Name,* Goldstraw
7. *Mother's Birthplace,* England
8. *Full Name of Father,* William Mandley
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Ed. J. Mahon.

Address, 1531 Hull St. Locust Point.

Remarks,

8 9 7 0 0 0 0 0 5 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 5 '97
4. *Place of Birth, (Street and Number)*	115 N. Patterson Park av.
5. *Full Name of Mother,*	Lillian M. Cassidy
6. *Mother's Maiden Name,*	" " Kinsman
7. *Mother's Birthplace,*	B.C.
8. *Full Name of Father,*	Joseph C. Cassidy
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo L. Wellens
Address,	6 N. Broadway
Remarks,	

8970000053

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79959

CERTIFICATE CORRECTED 6-29-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John William Seymour

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Janu. 5 1897
4. Place of Birth, (Street and Number) 827 Fort ave
5. Full Name of Mother, Margaret ~~Seaman~~ Mary Seymour
6. Mother's Maiden Name, Maggie Wheeler
7. Mother's Birthplace, Jamaica
8. Full Name of Father, John Seaman ~~Seymour~~ Seymour
9. Father's Occupation Labor
10. Father's Birthplace, Jamaica

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8970000054

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 79960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	January 1897
4. *Place of Birth, (Street and Number)*	618 Hoffman St.
5. *Full Name of Mother,*	Annie Larkins
6. *Mother's Maiden Name,*	Annie Douglass
7. *Mother's Birthplace,*	Prince George Co.
8. *Full Name of Father,*	George Larkins
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Prince George Co.
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary E. Jones
Address,	1121 Saratoga St.
Remarks,	Balto Md.

8970000055

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jan 5th.
4. *Place of Birth, (Street and Number)*	#463 Chester st.
5. *Full Name of Mother,*	Julia Cross
6. *Mother's Maiden Name,*	Julia Barrett.
7. *Mother's Birthplace,*	Baltr.
8. *Full Name of Father,*	Richard Cross
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Baltr.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Pertner,
Address,	#241 S. Chester st.
Remarks,	

8 9 7 0 0 0 0 0 5 6

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained by reasonable inquiry, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 5th.
4. *Place of Birth, (Street and Number)*	#131 Washington st.
5. *Full Name of Mother,*	Minnie Fraiser
6. *Mother's Maiden Name,*	Minnie Nutall
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles Fraiser
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#24 S. Chester st
Remarks,	

8970000057

Wm J C. Dulany Co., City Printers and Stationers.

births which have occurred since the last ... be ascertained, the full name of each child, (if any shall have occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... health, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* Male - David Gibson
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 5th 1897.
4. *Place of Birth, (Street and Number)* 1617 E Chapel st
5. *Full Name of Mother,* Mrs Ida Gibson
6. *Mother's Maiden Name,* Miss Ida Gutheyden
7. *Mother's Birthplace,* St Mary's County
8. *Full Name of Father,* Mr Benjamin Gibson
9. *Father's Occupation* Coal Heaver
10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other person who makes this Return, Mrs Cordelia Howard

Address, 1010 N Chapel st

Remarks, Full name added by mother upon applying for a transcript Mary Gibson - Col E Gibson - Col

Mother's Mark

8970000053

August 3-1931

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jan 5th 1897
4. *Place of Birth, (Street and Number)*	#262 Franklin, St
5. *Full Name of Mother,*	Mrs. Louisa, Baugald
6. *Mother's Maiden Name,*	Miss. " Zaudner
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	William Baugald
9. *Father's Occupation*	Schoemaker
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hilden
Address,	#2008 Mc Henry, St
Remarks,	

8 9 7 0 0 0 0 0 5 9

Health. This schedule shall contain a list of the names of each child, if any shall have been ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 79965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 5
4. *Place of Birth, (Street and Number)* 528 North Dallas street
5. *Full Name of Mother,* Agnes Conaway
6. *Mother's Maiden Name,* Agnes Watkins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Conaway
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Easterns Shore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 623 North Dallas street

Remarks, Doing well as can expect

1 8 9 7 0 0 0 0 0 0 6 0

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 79966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 5th 1897
4. *Place of Birth, (Street and Number)* 848 N. Lombard St.
5. *Full Name of Mother,* Alice Gray Macomber.
6. *Mother's Maiden Name,* Alice Gray White.
7. *Mother's Birthplace,* Essex Co. Virginia.
8. *Full Name of Father,* George Abner Macomber.
9. *Father's Occupation* Brakeman. B. & O. R. R.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible]

Address, 23 [illegible]

Remarks, Full Name of child: George G Macomber

8 9 7 0 0 0 0 0 6 1

Health. This schedule shall contain a list of the names of each child, (if any shall have been ascertained) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* June 6th 1897
4. *Place of Birth, (Street and Number)* 139 W. West St
5. *Full Name of Mother,* Sarah Cornish
6. *Mother's Maiden Name,* " Gaines
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Cornish
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace,* Taylor Island ~~Balto~~ Md

Name of Medical Attendant, or other person who makes this Return. Caroline Keene

Address, 49 W. West St Balto Md

Remarks,

8 9 7 0 0 0 0 0 0 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall be filled out as far as the same can be ascertained, the full name of each child born within the month, and the date of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Forth & Child

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, Born January 6th 1897

4. *Place of Birth*, (*Street and Number*) 1827 W Pratt St

5. *Full Name of Mother*, Mary A Thomas

6. *Mother's Maiden Name*, Mary A Donahue

7. *Mother's Birthplace*, Baltimore Md

8. *Full Name of Father*, Richard Thomas

9. *Father's Occupation* Varnisher

10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bridget Collins

Address, 21 Baltimore St

Remarks,

8970000063

RETURN OF A BIRTH. 79969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of January (1897)
4. Place of Birth, (Street and Number) 713 Port Street.
5. Full Name of Mother, Anna Karvesky
6. Mother's Maiden Name, = Meahr
7. Mother's Birthplace, Posen (Germ)
8. Full Name of Father, Jacob Karvesky.
9. Father's Occupation Labeln
10. Father's Birthplace, Posen (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss.

Address, 613 Port St.

Remarks,

8 9 7 0 0 0 0 0 6 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 12-4-52

RETURN OF A BIRTH. 79770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Francis Raphael Rongner, 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6/97
4. Place of Birth, (Street and Number) 608 S. Sharp st
5. Full Name of Mother, Editte Rongner
6. Mother's Maiden Name, Editte Kuyt
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Henry Rongner
9. Father's Occupation Mould Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. E. Mitchaus M.D.

Address, 411 S. Sharp st

Remarks,

8970000065

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 7971

GIVEN NAME ADDED 10-31-60 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine R. Klein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 6 1897
4. Place of Birth, (Street and Number) 1402 Hartford Ave.
5. Full Name of Mother, Auguste Klein
6. Mother's Maiden Name, Sekeh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Klein
9. Father's Occupation Barber
10. Father's Birthplace, Elliot City Md
11. Name of Medical Attendant, or other person who makes this Return, Mary Klein
12. Address, 1427 E Fratt St.
13. Remarks,

89.700000066

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the names of all children born within the city, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Comptroller, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 6th '97.
4. *Place of Birth, (Street and Number)* 2427 W. North Ave.
5. *Full Name of Mother,* Ada Martha Bleucour
6. *Mother's Maiden Name,* Ada M. Greding
7. *Mother's Birthplace,* Augusta Co., Virginia
8. *Full Name of Father,* Frank Bleucour
9. *Father's Occupation* Druggist
10. *Father's Birthplace,* Chicago-Ill.

Name of Medical Attendant, or other person who makes this Return, B.H. Stellin

Address, 2425 W. North Ave.

Remarks,

8 9 7 0 0 0 0 0 6 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 79973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 6
4. *Place of Birth, (Street and Number)* 1442 Block Str.
5. *Full Name of Mother,* Katie Adamsky
6. *Mother's Maiden Name,* Jaroska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Adamsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary L. Pratt

Address, 838 S. Broad Str.

Remarks, Baltimore Md. City

8 4 7 0 0 0 0 0 6 8

Note. This schedule shall contain a list of the Christian names of each child, (if any shall have been conferred) the full name of each child, (if any shall have been conferred) the full name of each child, (if any shall have been conferred) the full name

month, and shall set forth as far as the same can be ascertained, the full name of child; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 6
4. *Place of Birth, (Street and Number)* 402 S. Bouldin
5. *Full Name of Mother,* Mary (Rau) Hoske Bardal
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Mark Cooper Smith
9. *Father's Occupation*
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary S. Bell

Address, 838 S. Bond Ste Baltimore Md.

Remarks,

8970000069

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jan 6th 1897
4. *Place of Birth, (Street and Number)*	#306 Payson St
5. *Full Name of Mother,*	Mrs. Kunigunda, Fanomiller Smith
6. *Mother's Maiden Name,*	Miss. " "
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Conrad Fanmiller
9. *Father's Occupation*	Upholster
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	#2008 16th St. Henry St
Remarks,	

8 9 7 0 0 0 0 0 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health, which shall be kept by him or her for that purpose, and shall be open to the inspection of the public. Every physician, midwife, or other person who shall attend upon any birth, and every householder in whose house any birth shall occur, when there is no physician, midwife, or other person in attendance, shall, within ten days after such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health, which shall be kept by him or her for that purpose, and shall be open to the inspection of the public. Every physician, midwife, or other person who shall attend upon any birth, and every householder in whose house any birth shall occur, when there is no physician, midwife, or other person in attendance, shall, within ten days after such birth, register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 79976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Male 8th Child.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6th 1897.
4. *Place of Birth, (Street and Number)*	1223 Riversdale Ave
5. *Full Name of Mother,*	Mary Jones.
6. *Mother's Maiden Name,*	Mary Wylie
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Jones
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Banks
Address,	1828 Light St
Remarks,	doing well.

8 9 7 0 0 0 0 0 7 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ths which have occurred under his or her care during the ... Health. This schedule shall contain a list of the births w... month, and shall set forth as far as the same can be ascert... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Co... shall occur without the attendance of a physician or pract... attendance upon the mother, immediately thereafter it sh... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be re...

...ister of ... shall contain a list of the births which have occurred under his or her care during the ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

79977

1 Sex Female No child 1
2 White
3 January 7th 1897
4 126 Darlington ave
5 Katie E Healey
6 Katie E McAuliffe
7 Baltimore
8 Michael E Healy
9 Baker Maker
10 Baltimore

Mrs Shaw
1310 Pratt St

8970000072

RETURN OF A BIRTH. 79976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 7th 1897
4. *Place of Birth, (Street and Number)* 1302 Booths Alley
5. *Full Name of Mother,* Emma L. Burns
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H. Burns
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Hart

Address, 903 Sterling Street

Remarks, ...

8970000073

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which ... the full name of each child, if any shall have ... be ascertained the same can be ascertained, the full name and occupation ... its parents, the date and place of birth; and the ... been conferred; its sex, color, the full name and occupation ... practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practi... of the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the ... or practioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or pra... it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it s... er, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in ... lth, to comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to com... to be recovered as other fines and forfeitures are recoverable. ... jected to the fine of ten (10) dollars for each offence, to be

S.]

RETURN OF A BIRTH. 79979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jan. 7th 1897.
4. *Place of Birth, (Street and Number)*	#521 S. Collington Ave. Balto.
5. *Full Name of Mother,*	Mrs. Emma Wiesener.
6. *Mother's Maiden Name,*	Miss Emma Brown.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Joseph Wiesner
9. *Father's Occupation*	Labourer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary M Taylor
Address,	# S 611 S. Patterson Pk. Ave Balto Md.
Remarks,	

8 9 7 0 0 0 0 0 7 4

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 79981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th
4. *Place of Birth, (Street and Number)* 721 Galveston Road
5. *Full Name of Mother,* Mary Elizabeth Hillenberg
6. *Mother's Maiden Name,* Mary Elizabeth Newton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Edward Hillenberg
9. *Father's Occupation* Laidy Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Perry

Address, 2247 Lemmale St

Remarks,

8 9 7 0 0 0 0 0 7 5

Health Department shall set forth as far as the same can be ascertained the full name of child, if any; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 79981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday Jan 8th 1897
4. *Place of Birth, (Street and Number)* 427 N. Fremont Ave
5. *Full Name of Mother,* Agnes L. McNeal
6. *Mother's Maiden Name,* Agnes L. Cook
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George W. McNeal
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Hunter

Address, 28 N. Poppleton St

Remarks,

8 9 7 0 0 0 0 0 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This section to be filled out as far as the same can be ascertained, the full name of child, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 8 — 1897
4. *Place of Birth, (Street and Number)* 8 N. Washington
5. *Full Name of Mother,* Jennie Debaufre Hess
6. *Mother's Maiden Name,* England
7. *Mother's Birthplace,* James Marion Debaufre
8. *Full Name of Father,* Jennie
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Wolfe C. Eisenberg & Bro
    Name of Medical Attendant, or other person who makes this Return, N E Cor Bank & Wolfe sts
    Address,
    Remarks,

8 9 7 0 0 0 0 0 7 7

Wm. J. C. Dulany Co., City Printers and Stationers

...ths which have occurred in each family, and shall contain a list of the births which have occurred in each child, (if any shall have register of such birth, and shall contain the full name of each child, the full name of each child, (if any shall have Health. This schedule shall contain a list of the births which have occurred in each family, and shall contain a list of the births which have occurred in each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and in case the birth of any child attendance upon the mother, immediately thereafter, to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8 th 1877. 9 o'c
4. *Place of Birth, (Street and Number)* Baltimore No 1526 Clement
5. *Full Name of Mother,* Annie E Mead
6. *Mother's Maiden Name,* Annie E Perkins
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Milton J Mead
9. *Father's Occupation* B. C. Watchman
10. *Father's Birthplace,* Washington D C

Name of Medical Attendant, or other person who makes this Return, Anna Marguerita Ettel

Address, Mrs Ettel 1619 Eutaw St

Remarks,

8 9 7 0 0 0 0 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 79984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Jan 5 1897
4. *Place of Birth, (Street and Number)*	1247 Jarnes St
5. *Full Name of Mother,*	Alice Thomas
6. *Mother's Maiden Name,*	Reed
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James W Thomas
9. *Father's Occupation*	Machost
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. Mc Kenyair
Address,	412 Dent
Remarks,	8970000079

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 79785

GIVEN NAME ADDED 7-5-62

To the Office of Registrar of Vital ~~Statistics~~, Board of Health, Baltimore City.

Name: Margaret Elisabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 2 1899
4. *Place of Birth, (Street and Number)* 710 Fort ave
5. *Full Name of Mother,* Jessie Lotz
6. *Mother's Maiden Name,* Jessie Miller
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Albert Lotz
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

Health. This Schedule to be filled out as far as the same can be ascertained the full name of each child, if any, shall be given within one month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970000000080

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 79986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 5

1. *Sex, (state whether male or female)* Colored

2. *Race or Color, (if not of the white race)* Jan. 8 '97

3. *Date of Birth,* 241 N. Bethel St.

4. *Place of Birth, (Street and Number)* Emily Stookesbury

5. *Full Name of Mother,* " Garrett

6. *Mother's Maiden Name,* Balto Md

7. *Mother's Birthplace,* Nathaniel Stookesbury

8. *Full Name of Father,* Laborer

9. *Father's Occupation* Balto Md

10. *Father's Birthplace,* Caroline Miller

Name of Medical Attendant, or other person who makes this Return, 1605 Harlem St

Address,

Remarks,

8970000000081

Wm. J. C. Dulany Co,. City Printers and Stationers.

Mother's child birth, and shall enter the same on blank schedule, to be furnished by the Registrar of Vital Statistics, to the Board of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule must be filled out as far as the same can be ascertained, the full name of each child, the day of the month, and shall set forth as far as the same can be ascertained the full name of each child, the day of the month, and the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d 99
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 9th 97
4. *Place of Birth, (Street and Number)*	1206 Hanover
5. *Full Name of Mother,*	Anna Hunter
6. *Mother's Maiden Name,*	Anna Butler
7. *Mother's Birthplace,*	Butler md
8. *Full Name of Father,*	George Hunter
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return,	G H Hammerbacher
Address,	1034 Lexington St
Remarks,	

8970000082

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 79988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1897.
4. Place of Birth, (Street and Number) 224 N Patterson Park Ave
5. Full Name of Mother, Mary Bloss
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Germaine
8. Full Name of Father, John Bloss
9. Father's Occupation Carpenter
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 205 N Washington Street

Remarks,

8970000000083

SECTION 7.—And be it further enacted, that every birth shall hereafter take place, shall keep a true [illegible] Baltimore under whose charge or superintendence a birth shall take place, shall keep a true [illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 79989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	January 9th., 1897.
4. Place of Birth (Street and Number),	811 North Hopkins Ave.
5. Full Name of Mother,	Mollie J. McKew.
6. Mother's Maiden Name,	Porter.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	James F. McKew.
9. Father's Occupation,	Wagon Driver.
10. Father's Birthplace,	Philadelphia.
Name of Medical Attendant, or other person who makes this Return.	Eugene Lee Crutchfield, M.D.
Address,	1232 E. Preston St.
Remarks,	8 9 7 0 0 0 0 0 8 4

The Baltimore Publishing Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 79990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 9 1897
4. Place of Birth, (Street and Number) N.W. Cor. Edmondson & Calvert Aves
5. Full Name of Mother, Annie E Flint
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, Virginia
8. Full Name of Father, Jas A. Flint Jr.
9. Father's Occupation Janitor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E Norwood M.D.

Address, 129 W Fayette St

Remarks, Mrs Thomas Flint

8 9 7 0 0 0 0 0 8 5

Health. This schedule shall contain as the same can be ascertained the full name of each child, if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 79991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 1 - 97
4. *Place of Birth, (Street and Number)* Richardson St 144
5. *Full Name of Mother,* Antonie Becker
6. *Mother's Maiden Name,* Walter
7. *Mother's Birthplace,* Halle a/d Saale Sachsen
8. *Full Name of Father,* Fritz Becker
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Halle Sachsen

Name of Medical Attendant, or other person who makes this Return, Johanna Janske
Garrett clac 13th

Address,

Remarks,

8970000086

month, and shall set forth as near as the same can be ascertained the full name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th 1897
4. Place of Birth, (Street and Number) 1. E. Fort. avenue
5. Full Name of Mother, Elizebeath. Goedeke
6. Mother's Maiden Name, E. Wroten
7. Mother's Birthplace, Baltimore. md
8. Full Name of Father, William. Charles. Goedeke
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return, Ellenora. A. anderson

Address, 1434. Patapsco. St

Remarks,

8970000087

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 10th 97 19

4. *Place of Birth, (Street and Number)* 417 Sharp Street

5. *Full Name of Mother,* Kate Schmidt

6. *Mother's Maiden Name,* Kate Bendernagle

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Chas. C. Schmidt

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, W. H. Hammondtree

Address, 1034 Lindenhall Ave

Remarks,

1897 0 0 0 0 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Jan 10/97

4. *Place of Birth, (Street and Number)* No 2007 E. Eager

5. *Full Name of Mother,* Alice Byrne

6. *Mother's Maiden Name,* Litzinger

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Wm Busse

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E Monument Str

Remarks,

18970000089

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 10 1897

4. *Place of Birth, (Street and Number)* 732 Chesapeake St

5. *Full Name of Mother,* Margaret Fiedler Ingeman

6. *Mother's Maiden Name,* " Germany

7. *Mother's Birthplace,* George Fiedler

8. *Full Name of Father,* Laborer

9. *Father's Occupation* Germany

10. *Father's Birthplace,* A J Bauer M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, 2042 O'Donnell Street

Remarks,

8970000090

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 9996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 10th. 1897.
4. *Place of Birth, (Street and Number)* 228 North Greene St.
5. *Full Name of Mother,* Elizabeth Webster Wingo
6. *Mother's Maiden Name,* Elizabeth Webster Wright
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Charles Edward Wingo
9. *Father's Occupation,* Dentist
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Clinton H. Wright M.D.

Address, 900 Warner St

Remarks,

8970000091

Health Law, Section 14. The Name of every child born alive in Baltimore City shall be reported within ten days after birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Head

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* of Color Race
3. *Date of Birth,* 10 day of January 1897
4. *Place of Birth, (Street and Number)* 695 Pierce St
5. *Full Name of Mother,* Hattie Brown
6. *Mother's Maiden Name,* Hattie Wilson
7. *Mother's Birthplace,* in Baltimore
8. *Full Name of Father,* Willian Wilson
9. *Father's Occupation.* Waiter
10. *Father's Birthplace,* in Baltimore

Name of Medical Attendant, or other person who makes this Return. Harret Hudson

Address, 916 Harmony Lane

Remarks,

8970000092

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7999 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color race
3. *Date of Birth,* 10 of January
4. *Place of Birth, (Street and Number)* 695 Pierce Street
5. *Full Name of Mother,* Hattie Brown
6. *Mother's Maiden Name,* Hattie Wilson
7. *Mother's Birthplace,* in Baltimore
8. *Full Name of Father,* Willian Wilson
9. *Father's Occupation,* A Waiter
10. *Father's Birthplace,* in Baltimore

Name of Medical Attendant, or other person who makes this Return. Harriet Hudson

Address, 916 Harmoney Lane

Remarks,

8970000093

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3

1. Sex (state whether male or female), Female Grel
2. Race or Color (if not of the white race), White
3. Date of Birth, January 10th 97
4. Place of Birth (Street and Number), Baltimore No 208 S. High St
5. Full Name of Mother, Fannie Levy
6. Mother's Maiden Name, Fannie Murdish
7. Mother's Birthplace, Russia
8. Full Name of Father, Mark Levy
9. Father's Occupation, Grasseur Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. R Zaiger M.D.

Address, 511 S. Fremont

Remarks,

8970000094

and shall set forth as far as the same can be ascertained, the name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED. 4-14-58

RETURN OF A BIRTH. 79999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Vernon Louis ~~Knecht~~ Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18 1897
4. Place of Birth, (Street and Number) 1038 W Fayette St.
5. Full Name of Mother, Clara Knecht
6. Mother's Maiden Name, Walter
7. Mother's Birthplace, New York
8. Full Name of Father, Louis Kneckt.
9. Father's Occupation Brick Mf.g.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D Monroe Jr

Address, 130 W Fayette St.

Remarks,

8970000095

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 80000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret I. Spicer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16/97
4. Place of Birth, (Street and Number) 218 S. Wolfe St.
5. Full Name of Mother, Emma Spicer
6. Mother's Maiden Name, Emma Bloom
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jefferson Spicer
9. Father's Occupation collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. T. Scudder, M.D.

Address, 116 S Wolfe ave

Remarks,

8 9 7 0 0 0 0 0 9 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany. 10th 97.
4. *Place of Birth, (Street and Number)* 233 N. Fulton ave.
5. *Full Name of Mother,* Mary Rebbeck
6. *Mother's Maiden Name,* Mary Mc Namara
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Ferdinand Rebbeck
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Dice. M.D. 1203 W. Fayette St.

Address,

Remarks,

8970000097

Health. This schedule shall contain a list of the name of each child, (if any shall have been ascertained) the full name of each child, (if any shall have been ascertained) the full name of each child, (if any shall have been ascertained) the full

236.]

RETURN OF A BIRTH. 80002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 10, 1897
4. *Place of Birth, (Street and Number)* 414 Fort ave
5. *Full Name of Mother,* Ada Brewer
6. *Mother's Maiden Name,* Ada Mulder
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Edward Brewer
9. *Father's Occupation* Labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schuccaz

Address, 434 Fort ave

Remarks,

8970000000 98

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in the records thereof, opened under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January th 10 1897.
4. Place of Birth, (Street and Number) 425. Bradford Street
5. Full Name of Mother, Katie Turek
6. Mother's Maiden Name,
7. Mother's Birthplace, Belmaine
8. Full Name of Father, Vincent Turek
9. Father's Occupation Taylor
10. Father's Birthplace, Belmaine

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 205. N Washington Street

Remarks,

8 9 7 0 0 0 0 0 9 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.

RETURN OF A BIRTH. 80004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th 1897
4. Place of Birth, (Street and Number) 29 Castle Street
5. Full Name of Mother, Frances Fraty
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Fraty
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Horton

Address, 206 N Washington Ave

Remarks,

8 9 7 0 0 0 0 1 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 10 th 1897
4. *Place of Birth, (Street and Number)* No 617 Fulton Ave
5. *Full Name of Mother,* Rosalie Jones
6. *Mother's Maiden Name,* Rosalie Hickmann
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph Jones
9. *Father's Occupation,* Planer
10. *Father's Birthplace,* Calverton Balto. Co.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970000101

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This section shall be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained between the first and said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parent of such child, in the manner and within the period above required, and it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 January
4. Place of Birth, (Street and Number) 928 Sterling st.
5. Full Name of Mother, Magie Granke Kleinchner
6. Mother's Maiden Name,
7. Mother's Birthplace, Germ.
8. Full Name of Father, Michel Granke
9. Father's Occupation carpenter
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Cent Av.

Remarks,

8 7 7 3 0 0 0 1 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall give the same information in the form of a certificate between the first and been conferred) its sex, color, duly signed by the practitioner in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

12-7-59 80007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frances Ellen Worthington 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 January 1897
4. Place of Birth, (Street and Number) 903 Bible st
5. Full Name of Mother, Marie A. Worthington
6. Mother's Maiden Name, Finch
7. Mother's Birthplace, Ball
8. Full Name of Father, Patrick Worthington
9. Father's Occupation
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks,

8 9 7 0 0 0 0 1 0 3

month, and shall set forth as near as the same can be ascertained the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 boy

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 January 1402 Hopkins
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Ida Reissing
6. Mother's Maiden Name, Kirchheimer
7. Mother's Birthplace, Germ.
8. Full Name of Father, John Reissing
9. Father's Occupation, Bakr.
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent Ave.

Remarks,

8 9 7 0 0 0 0 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number (if any) of the child in the order of births of children born to the mother, and

RETURN OF A BIRTH. 88009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

2. No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12 th
3. Sex (state whether Male or Female)	Female
4. Race or Color (if not of the white race)	Colored
5. Date of Birth	January 10 th 1897
6. Place of Birth (Street and Number)	762 Bradley St
7. Full Name of Mother	Sophia young
8. Mother's Maiden Name	Sophia Forrester
9. Mother's Birthplace	Baltimore MD
10. Father's Occupation	Millian young
11. Father's Birthplace	Waiter
	queemand county
Name of Medical Attendant, or other Person who makes this return	Mrs. Sophia Johnson
Address	Biddle St Chester
Remarks	

8970000105

RETURN OF A BIRTH. 80010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 10th 1897
4. Place of Birth, (Street and Number) No. 8 West 24th St
5. Full Name of Mother, Miriam F Little
6. Mother's Maiden Name, Miriam F Hanway
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, Francis W Little
9. Father's Occupation, Book Keeper
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, M K. Hanway M.D.
90 N Strieker St

Address,

Remarks,

8970000106

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the name and place of birth; and the been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 80011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 1897

3. Date of Birth, 10 January

4. Place of Birth, (Street and Number) Hulbert St locust point

5. Full Name of Mother, Mary Brady

6. Mother's Maiden Name, Mary Coy

7. Mother's Birthplace, Ireland

8. Full Name of Father, Daniel Brady

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks,

8970000107

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, the full name and occupation of the physician or midwife (if any) in attendance, and the number of the child (whether first, second, third or other child) to which birth has been conferred) its sex, color, the full name and

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ 1*st*, ~~*2d, 3rd,*~~ *&c.*) .....

1. *Sex,* (~~*state whether male or*~~ *female*) .....
2. *Race or Color,* (~~*if not of the*~~ *white race*) .....
3. *Date of Birth,* January 11 1897.
4. *Place of Birth,* (*Street and Number*) 771 W Lexington St
5. *Full Name of Mother,* Amanda G Keyser
6. *Mother's Maiden Name,* Amanda G Clay
7. *Mother's Birthplace,* Nashville, Tennessee
8. *Full Name of Father,* Herman L Keyser
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John R Fogarty M D

Address, 660 W Lexington St

Remarks, Female — 5th Ward

8970000108

Wm. J. C. Dulany Co., City Printers and Stationers

1236

RETURN OF A BIRTH. 80013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 11 — 1897
4. Place of Birth, (Street and Number) 417 E. Central Ave.
5. Full Name of Mother, Katharina Braedhauer
6. Mother's Maiden Name, Schultz
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Braedhauer
9. Father's Occupation Araber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steine

Address, 1427 E. Pratt St.

Remarks,

8970000109

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain as near as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) BLK.

3. Date of Birth, Jan 1 1897

4. Place of Birth, (Street and Number) 243 N. Schroeder St.

5. Full Name of Mother, Ella Freeland

6. Mother's Maiden Name, Bell

7. Mother's Birthplace, Md.

8. Full Name of Father, Joshua Freeland

9. Father's Occupation Barber

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. D Monroe

Address, 737 N Fayette St

Remarks, 8970000110

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of Vital Statistics shall keep a register of all births which have occurred, and of all deaths which shall contain a list of the births which have occurred since the last preceding report to the Board of Health. This schedule shall contain a list of the births which have occurred since the last preceding report to the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the person or parents of such child, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 80015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January th 11. 1897.
4. *Place of Birth, (Street and Number)* 930 Jefferson Street
5. *Full Name of Mother,* Blanche Heard
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Heard
9. *Father's Occupation* labor
10. *Father's Birthplace,* Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 905 N Washington Street

Remarks,

8970000111

Health. This schedule shall contain a list of the names of each child, (if any shall have been delivered) the full name of each child, (if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 80016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11 th 1897.
4. *Place of Birth, (Street and Number)* 205 N Washington St.
5. *Full Name of Mother,* Lizzie Springer
6. *Mother's Maiden Name,* Bohenan
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Springer
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koplin

Address, 205 N Washington St

Remarks,

8 9 7 0 0 0 0 1 1 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such births, which shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been christened,) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the parent, or person who shall make return of the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each month, and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* Jan 11th 97
4. *Place of Birth, (Street and Number)* #115 N. Dallas Street
5. *Full Name of Mother,* Mary E Madison
6. *Mother's Maiden Name,* Mary E Mickens
7. *Mother's Birthplace,* Lancaster County. Va.
8. *Full Name of Father,* William Henry Madison
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Maria Wright

Address, #823 Ensor Sts

Remarks, none

8970000113

Wm J C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, the name and occupation of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11th 1897
4. Place of Birth, (Street and Number) 1225 N Gilmor St
5. Full Name of Mother, Ida Sullivan
6. Mother's Maiden Name, Ida Mullinix
7. Mother's Birthplace, Frederick County Md
8. Full Name of Father, Eugene Sullivan
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, J M K Hamel M D

Address, 701 N Stricker St

Remarks,

8970000114

Wm. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Name: Frank J. Orban The third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 11 1897
4. Place of Birth, (Street and Number)	646 W. Mulberry St.
5. Full Name of Mother,	Mary Orban
6. Mother's Maiden Name,	Mary (Telancsics) Welancsics
7. Mother's Birthplace,	Csatord Hungaria Europe
8. Full Name of Father,	John Orban
9. Father's Occupation	Tailor
10. Father's Birthplace,	Ujfalu Hungaria
Name of Medical Attendant, or other person who makes this Return.	W. Maennel. M.D.
Address,	913 N Fulton ave
Remarks,	

8970000115

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, residence, and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in attendance upon the mother, or other person who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80020

CERTIFICATE CORRECTED 9-23-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothea ~~Louise~~ Gutman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16, 1897
4. *Place of Birth, (Street and Number)* Pheasant Hill, York Road
5. *Full Name of Mother,* Elizabeth "
6. *Mother's Maiden Name,* Gutman
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm. W. ~~Jones~~ Gutman
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Susan Family Lying In Hospital

Address, #8 Talbot St

Remarks, Well

8 9 7 0 0 0 0 1 1 6

been conferred, its sex, color, the full name and residence of its parents, and such other information as may be required by the said schedule. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 12 1897
4. *Place of Birth, (Street and Number)* N Chapel st.
5. *Full Name of Mother,* Mrs Ella Young
6. *Mother's Maiden Name,* Miss Ella O'Endy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* {Laborer} Daniel Young
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Cordelia Howard

Address, 1018 N. Chapel St

Remarks,

8970000117

Health. This schedule shall contain the same can be ascertained the full name of each child, if any, that has month, and shall set forth as far as the same been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 80022

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8 PM Tuesday January 12th 1897
4. *Place of Birth, (Street and Number)* 2819 Eastern Ave
5. *Full Name of Mother* Idea Lindimor
6. *Mother's Maiden Name* Idea Corns
7. *Mother's Birthplace* Baltimor Maryland
8. *Full Name of Father* Jamd Lindimor
9. *Father's Occupation* Trosser and Packer
10. *Father's Birthplace* Baltimor Maryland

Name of Medical Attendant, or other Person who makes this Return. J E Richardson MD

Address 1010 Chesapeake St

Remarks Easy and normal Birth mother and Child are doing well

8 9 7 0 0 0 0 1 1 8

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

S.]

RETURN OF A BIRTH. 80023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 12 1897

4. Place of Birth, (Street and Number) 7 Barney St

5. Full Name of Mother, Agusta Grube

6. Mother's Maiden Name, Agusta Muller

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Grube

9. Father's Occupation color

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 Fort ave

Remarks,

8970000001119

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of the parents of such child, and such other information as may be required by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This Certificate must be filled out as far as the same can be ascertained the full name of each child, if any, must be month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12th 1897
4. Place of Birth, (Street and Number) 1909 ½ Aisquith St
5. Full Name of Mother, Mary E. Evans
6. Mother's Maiden Name, Mary E. Fitzpatrick
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Henry H. Evans
9. Father's Occupation Porter & Fruit Packer
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, C. C. E. Yoder M.D.

Address, 1230 East North ave Balt. Md.

Remarks,

1897 0 0 0 0 1 2 0

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 800.25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th January 1897
4. Place of Birth, (Street and Number) 12 N Castle Street
5. Full Name of Mother, Mary Nohe
6. Mother's Maiden Name, Germaine
7. Mother's Birthplace,
8. Full Name of Father, James Nohe
9. Father's Occupation Labor
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Battista

Address, 105 N Washington Street

Remarks,

8970000121

Wm. J. C. Dulany Co., City Printers and Stationers.

...ths which have occurred under his charge ... register of such births, and shall contain a list of the births which have occurred ... Health. This schedule shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ... month, and shall set forth as far as the same can be ascertained the date and place of birth; and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 12. 1896
4. Place of Birth, (Street and Number) 528 Bethell Street
5. Full Name of Mother, Rossie Sleda
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Gone Sleda
8. Full Name of Father, Taylor
9. Father's Occupation Bohemaine
10. Father's Birthplace, Mary Koptish

Name of Medical Attendant, or other person who makes this Return,

Address, 205 N Washington Street

Remarks,

8970000012 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Births which have occurred under his charge during the month, and shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the occupation of its parents, the date and place of their marriage. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 12
4. *Place of Birth, (Street and Number)* 1215 Forster Street
5. *Full Name of Mother,* Josephine Hill
6. *Mother's Maiden Name,* Josephine Wilmore
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas B Hill
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Shedrick Gates

Name of Medical Attendant, or other person who makes this Return, Fletcher Gatewood

Address, 523 West Preston Street

Remarks,

18970000123

Wm. J. C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation of its
been conferred, duly signed by the practitioner in the form of a certificate between the first and
said schedule shall be delivered by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or midwife, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* Tuesday 12/9
4. *Place of Birth, (Street and Number)* Baltimore 416 Aragon st
5. *Full Name of Mother,* Martha Virginia Fountain
6. *Mother's Maiden Name,* Martha Virginia Rodolpher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William alexandre Fountain
9. *Father's Occupation* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [redacted] Myers

Address, No. 722 Bradley St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970000124

month, and shall set forth such as the name of the child, if any, the date and place of birth, and the occupation of its parents, the date and place of birth; and the been conferred); its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or hereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 80029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 19 97
4. *Place of Birth, (Street and Number)* 607 N Bethel St
5. *Full Name of Mother,* Rose Irmiger
6. *Mother's Maiden Name,* Lessner
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Peter Irmiger
9. *Father's Occupation* Klempner
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 0 1 2 5

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 12th
4. Place of Birth, (Street and Number)	814 Ridgly St
5. Full Name of Mother,	Elizabeth Leutner
6. Mother's Maiden Name,	Elizabeth Arion
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Leutner
9. Father's Occupation	Hardware Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Hellgonda Olifel
Address,	734 St Peter St
Remarks,	

18970000126

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of all births which shall occur within the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 20031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 13th 1897
4. *Place of Birth, (Street and Number)* 126 W. Hoffman St
5. *Full Name of Mother,* Elizabeth Dakes Johnson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Filahman Davis
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

18970000127

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January . 13th . 1897
4. *Place of Birth, (Street and Number)* 916 . S. Charles . St
5. *Full Name of Mother,* Amanda . Ward
6. *Mother's Maiden Name,* Amanda . Gable
7. *Mother's Birthplace,* Baltimore . Md
8. *Full Name of Father,* George . W. Ward
9. *Father's Occupation,* Tinworker
10. *Father's Birthplace,* Baltimore . Md

Name of Medical Attendant, or other person who makes this Return. Ellenmore . A . anderson

Address, 1434 . Patapsco . St

Remarks,

8 9 7 0 0 0 0 1 2 8

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of its parents, the date and place of birth, and the
month, and shall set forth as the said facts and occupation of its
been conferred) its sex, color, the full name and occupation of its
ner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
missioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner
cer of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner
l become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall be
e manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the
y with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply
covered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 80033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13th 97
4. *Place of Birth, (Street and Number)* 5 Northwest ave. Walbrook
5. *Full Name of Mother,* Georgia Benjamin
6. *Mother's Maiden Name,* Georgia Swope
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Wm. C. A. Benjamin
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1203 W. Fayette St.

Remarks,

1 8 9 7 0 0 0 0 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80034

GIVEN NAME ADDED 1/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LILLIAN MARIE KEEHNER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13 1897
4. Place of Birth, (Street and Number) 116 N. Hamilton
5. Full Name of Mother, Kate Keehner
6. Mother's Maiden Name, Kate Fritz
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Keehner
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Gertrude Hammond

Address, 1034 Leadenhall St

Remarks,

1897 00000130

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 80035

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the Registrar thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jany 13 1897
4. *Place of Birth, (Street and Number)*	1147 Fremont ave
5. *Full Name of Mother*	Bell Richmond
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	City
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	C W M Lewis MD
Address	1213 Pattaw
Remarks	

Male

8970000131

236.]

RETURN OF A BIRTH. 80036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 13th January
4. *Place of Birth, (Street and Number)* 1339 Cleveland Street
5. *Full Name of Mother,* Lizall Smith
6. *Mother's Maiden Name,* Lizall Wilson
7. *Mother's Birthplace,* Prince George Caunty
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation* Labarer
10. *Father's Birthplace,* Baltimare

Name of Medical Attendant, or other person who makes this Return, Izabella Matthews

Address, No 8 dy Stackholm Street

Remarks,

1 8 9 7 0 0 0 0 1 3 2

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown Skin
3. Date of Birth, January 13 1897
4. Place of Birth, (Street and Number) 623 Gilsey Allen Al-
5. Full Name of Mother, Nannie Fowlkes
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward Fowlkes
9. Father's Occupation, Stevedore
10. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return,

Address, 622 Jasper St -

Remarks, Baltimore Md

8970000133

This schedule shall contain a list of the names of all persons born within the city during each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 14/97
4. *Place of Birth, (Street and Number)*	706 N. Gay St
5. *Full Name of Mother,*	Mary Raynor
6. *Mother's Maiden Name,*	" Goldsborough
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Jas. T. Raynor
9. *Father's Occupation*	Sailor
10. *Father's Birthplace,*	Palmico Sound N. C.
Name of Medical Attendant, or other person who makes this Return,	J. C. Ohlendorf M. D.
Address,	518 N. Bond St
Remarks,	8970000134

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14. 1897
4. Place of Birth, (Street and Number) 1734. S. Charles. St
5. Full Name of Mother, Lena Pittingill
6. Mother's Maiden Name, L. Markendricks
7. Mother's Birthplace, Baltimore. md
8. Full Name of Father, Charles Pittingill
9. Father's Occupation, Labor
10. Father's Birthplace, haverhill. mass

Name of Medical Attendant, or other person who makes this Return, Ellennora. a. anderson

Address, 1484 Patapsco. St

Remarks,

8 9 7 0 0 0 0 1 3 5

Health. This certificate shall contain as much information as can be ascertained of the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	One
1. Sex, (state whether ~~male~~ or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Jan 14 97
4. Place of Birth, (Street and Number)	702 N Pine St.
5. Full Name of Mother,	Celestine Gertrude Sullivan
6. Mother's Maiden Name,	Celestine Gertrude Chase
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Samuel Jones Sullivan
9. Father's Occupation,	Wagoner
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	D. C. Corbett
Address,	702 N Pine St
Remarks,	

1 8 9 7 0 0 0 0 1 3 6

Health. This Schedule must be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) a bbly

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Jan. 14, 1897
4. *Place of Birth, (Street and Number)* 214 N. Caeley & East Baltimore
5. *Full Name of Mother,* Lena Rosenblatt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mr. Benjaman Rosenblatt
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 1040 E. Lombard Street Balto

Remarks,

1897000000137

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80042

GIVEN NAME ADDED 11-9-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Elizabeth Ayers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 14th 1897
4. Place of Birth, (Street and Number) 546 W Lanvale St
5. Full Name of Mother, Hariet Maria Ayers
6. Mother's Maiden Name, " " Kelly
7. Mother's Birthplace, Hereford Baltimore Md.
8. Full Name of Father, William Henry Ayers
9. Father's Occupation Driver of Line Wagon
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Front Street

Remarks,

8970000138

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 4 1897
4. *Place of Birth, (Street and Number)* 839 E. Lombard St
5. *Full Name of Mother,* Jessie Blumberg
6. *Mother's Maiden Name,* Jessie Wolf
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Blumberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 25 Lloyd

Remarks,

1897 0 0 0 0 1 3 9

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said scientific shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6 1897
4. *Place of Birth, (Street and Number)* 621 Eastern Ave
5. *Full Name of Mother,* Rebecca Stoller
6. *Mother's Maiden Name,* B. Myerrovitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Stoller
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 Lloyd St

Remarks,

1897 00000140

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 6. 1897
4. Place of Birth, (Street and Number) 837 E. Lombard St
5. Full Name of Mother, Belle Michelson
6. Mother's Maiden Name, Belle Michelson
7. Mother's Birthplace, Russia
8. Full Name of Father, Isreal Michelson
9. Father's Occupation Saloon-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finkelstein

Address, 25 Lloyd St

Remarks,

1897000001411

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore City, and shall enter a list of the births which ... the full name of each child, and the register of each birth, and shall contain a list of the births which ... the full name of each child, and the Health. This schedule shall contain a list of the births which ... the full name of each child, and the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 7th 1847
4. *Place of Birth, (Street and Number)*	Christ Ave 1206
5. *Full Name of Mother,*	Ella [redacted] Gilliam
6. *Mother's Maiden Name,*	Ella Finney
7. *Mother's Birthplace,*	Plum Alley
8. *Full Name of Father,*	George A Finney
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Eastern Shore Virginia
Name of Medical Attendant, or other person who makes this Return,	No Doctor
Address,	Annie Johnson 1012 Plum alley
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers. 1897000001L42

1236]

RETURN OF A BIRTH. 80046½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan. 7. 1897

4. Place of Birth, (Street and Number) 115 Parish al. City.

5. Full Name of Mother, Laura F. Lenning.

6. Mother's Maiden Name, Illegitimate.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Stanton Mc. D. Md. Maternity Hospital

Address, 1122 N. Front St.

Remarks,

8970000143

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred [illegible] each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) X.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of January 1897.
4. *Place of Birth, (Street and Number)* 1519. Eager St.
5. *Full Name of Mother,* Clara Cassady
6. *Mother's Maiden Name,* Clara Davis
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James Cassady
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Fa Hills

Address, 207. N. Castle St. Baltimore Md.

Remarks, 1897000000144

been conferred) its sex, color, the full name and occupation of its parents, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male Robert W. Beach, Jr.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12, 1897.
4. *Place of Birth, (Street and Number)* 1203 Argyle Ave Upton Beach
5. *Full Name of Mother,* Kate Cunningham Beach
6. *Mother's Maiden Name,* Kate Cunningham
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Robert W. Beach Jr
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return, Chas Bello Brewster M.D.

Address, 1227 Madison ave.

Remarks,

8970000145

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the parent of such child, to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 80049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colrd.
3. *Date of Birth,* January 12th 1897.
4. *Place of Birth, (Street and Number)* 1803 Fulton Terrace
5. *Full Name of Mother,* Lizzie Johnson.
6. *Mother's Maiden Name,* Lizzie Grice,
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Harry Jones Johnson.
9. *Father's Occupation* Worked at fudd stone.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E. Ray Buchanan.

Address, 114 W. Mulberry St.

Remarks,

8970000146

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 80050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 to 1897
4. *Place of Birth, (Street and Number)* 1712 N Stricker St
5. *Full Name of Mother,* Margret Rae
6. *Mother's Maiden Name,* Virginia Benson
7. *Mother's Birthplace,* Prince Geo Co
8. *Full Name of Father,* Thomas Rae
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Prince Geo Co

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1928 Light St

Remarks, Dang Well

8 9 7 0 0 0 0 1 4 7

Health. The above and foregoing shall contain the full name of each child, if any shall have been born alive, and if not, the same can be ascertained; the full name of each parent, if any shall have been married, and if not, the same can be ascertained; the residence of the parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 14 / 97
4. *Place of Birth, (Street and Number)* 1943 Booth St
5. *Full Name of Mother,* Matilda Brown
6. *Mother's Maiden Name,* Matilda Bell
7. *Mother's Birthplace,* Prince George Co Md.
8. *Full Name of Father,* John Randolph Brown
9. *Father's Occupation* Junk Shop
10. *Father's Birthplace,* Anne Arundel Co Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Queen

Address, 1066 Raborg St.

Remarks,

1 8 9 7 0 0 0 0 1 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rem: ... and shall set forth as far as the same can be ascertained, the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color; the full name and occupation of its parents, the date and place of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Jan 14/97
4. *Place of Birth*, (*Street and Number*) 812 Eutaw Place
5. *Full Name of Mother*, Anna Louise Poe
6. *Mother's Maiden Name*, Anna Louise Easton
7. *Mother's Birthplace*, New York City
8. *Full Name of Father*, Chas. Chas F Poe
9. *Father's Occupation*, Professor
10. *Father's Birthplace*, Hackensack, N. Jersey

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 245 Park Ave.

Remarks,

8 9 7 0 0 0 0 1 4 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January. 15th 1897
4. Place of Birth, (Street and Number) 1417. Riverside. avenue
5. Full Name of Mother, Margret. Ellen. Morgan
6. Mother's Maiden Name, M. E. Rhea
7. Mother's Birthplace, Dorchester. county. Md
8. Full Name of Father, James. Carlton. Morgan
9. Father's Occupation, Ship. joiner
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return, Ellennora. A. anderson

Address, 1434. Patapsco. St

Remarks,

18970000150

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 15
4. *Place of Birth, (Street and Number)* 630 St Joseph
5. *Full Name of Mother,* Ida B Haskins
6. *Mother's Maiden Name,* Ida B Thomas
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* William J Thomas
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Baltimor Maryland

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 823 Ensor St

Remarks,

8970000151

Health. This schedule shall contain a list of the births of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall be the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 6 Twins

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Baltimore Jan 15, 1897.

4. Place of Birth, (Street and Number) 618 E. Baltimore Street Rear

5. Full Name of Mother, Cada Jacks

6. Mother's Maiden Name, Cada E Sanders

7. Mother's Birthplace, Canada

8. Full Name of Father, Mick Jacks

9. Father's Occupation, Driver

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Basler

Address, 1010 E Lombard St

Remarks,

1 8 9 7 0 0 0 0 1 5 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 January
4. *Place of Birth, (Street and Number)* 665 Clement st.
5. *Full Name of Mother,* Lizzie Beal
6. *Mother's Maiden Name,* Mahedion
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* Henry Beal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Asst. Mgr.

Address, 1331 Hunt st. Locust Point.

Remarks,

8970000153

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the Births which have occurred under the care of each Physician, Midwife, or other person, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80057

CERTIFICATE CORRECTED 10-11-34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry ~~Friedlander~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex*, (state whether male or female) ~~Female~~ Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, Jan 15 1897
4. *Place of Birth*, (Street and Number) 908 ~~Granby~~ Granby St
5. *Full Name of Mother*, Rachel ~~Friedlander~~ Friedlander
6. *Mother's Maiden Name*, Rosa Aurovitz
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Ike Friedlander
9. *Father's Occupation* Teacher
10. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8770000154

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall set forth as far as the same can be ascertained the full name of each child born, and the month, and shall set forth as far as the same can be ascertained the full name and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colord
3.	*Date of Birth,*	January 16th 1877
4.	*Place of Birth, (Street and Number)*	#1322 Wilkes Place Balto Md
5.	*Full Name of Mother,*	Mary Harper
6.	*Mother's Maiden Name,*	Mary Jones
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	William Harper
9.	*Father's Occupation,*	Oyster Dealer
10.	*Father's Birthplace,*	St Marys County Md
	Name of Medical Attendant, or other person who makes this Return.	Mary Burns
	Address,	#655 Oxford st
	Remarks,	8970000155

Health. This schedule shall contain the full name of each child born; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth of its parents, the date and been conferred; and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and shall become the duty of the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 80059

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* January 16 1897

4. *Place of Birth, (Street and Number)* 1506 Baker

5. *Full Name of Mother* Alice Belgrano

6. *Mother's Maiden Name* " Zayler

7. *Mother's Birthplace* City

8. *Full Name of Father* Chas. Belgrano

9. *Father's Occupation* Laborer

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Arth Lewis M.D.

Address 1213 Park Ave

Remarks

Signature

8970000156

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 80060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Jany. 16 / 97
4. Place of Birth, (Street and Number)	2204 Claiborne ad.
5. Full Name of Mother,	Elizabeth Muhling
6. Mother's Maiden Name,	" Vogt
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	Geo. Muhling
9. Father's Occupation,	Tobacco Merchant
10. Father's Birthplace,	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo L. Wilkins
Address,	6 N. Broadway
Remarks,	

8 4 7 0 0 0 0 1 5 7

Wm J C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the name and residence of the physician or midwife in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

births which have occurred under his or her care during the
register of such births and shall enter the same in a book kept for the purpose. Such
Health. This schedule shall contain a list of the births
be ascertained the full name of each child, if any shall have
month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
occupation of its parents, the date and place of birth; and the
been conferred; its sex, color, the full name and occupation of the first and
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 80061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~male~~ 6.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	16 January
4. *Place of Birth, (Street and Number)*	1169 Fait. Ave.
5. *Full Name of Mother,*	Anna Ooblewsky Nevarska.
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Stanislaw Ooblewsky
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Dr. Myers
Address,	1331 Hull St.
Remarks,	

8970000158

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 80062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child — ~~Helen Fridel~~ ROBINSON

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of Januar 1897.
4. Place of Birth, (Street and Number) 502 N. Chester St
5. Full Name of Mother, Agnes Robinson.
6. Mother's Maiden Name, Agnes Fricel
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Georg Robinson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Kansas

Name of Medical Attendant, or other person who makes this Return, Mrs Ka Hille

Address, 207 N. Castle Str.

Remarks,

1897000159

been conferred) its sex, color, the full name and the occupation of the parents, and the place of birth in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, or should no other person be in shall appear without the attendance of a physician or practitioner of midwifery, or should the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 80063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Jan. 16. 1897
4. Place of Birth, (Street and Number) 1344 Woodyear Ave.
5. Full Name of Mother, Cora Jackson
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Thomas M Jones
9. Father's Occupation Sailor
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. L. Massinger

Address, 314 N. Gustavus St. Balto. Md.

Remarks,

1897 0000160

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall be filled out as fully as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970000161

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall state as far as possible the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80065

GIVEN NAME ADDED 9-22-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Moore

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16 January 1897
4. *Place of Birth, (Street and Number)* 510 N Central Ave
5. *Full Name of Mother,* Bertha Moore
6. *Mother's Maiden Name,* Franklin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Moore
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Dwight

Address, 823 Eutaw St. Store.

Remarks,

8970000162

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number now living. Such return shall be made in the form of a certificate between the first and been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Quer

RETURN OF A BIRTH. 80066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Thomas Jr

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth. Jany. 16 1897
4. Place of Birth, (Street and Number) 412 S. Patterson Park ave
5. Full Name of Mother, Susan A. Phillips
6. Mother's Maiden Name, Keene
7. Mother's Birthplace, St. Joseph Mo.
8. Full Name of Father, Geo. T. Phillips
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Dorchester Co. Md
- Name of Medical Attendant, or other person who makes this Return, Geo L Williams
- Address, 6 N. Broadway
- Remarks,

8970000163

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	January th 17 1897
4. *Place of Birth, (Street and Number)*	No 211 Ivy Aley rear
5. *Full Name of Mother,*	Annah Catherine miller
6. *Mother's Maiden Name,*	Annah Catherine Wilson
7. *Mother's Birthplace,* Mistake	Lellis miller
8. *Full Name of Father,*	Clarksville Howard Co MD
9. *Father's Occupation*	No perticular occupation
10. *Father's Birthplace,* Princes Ann	Somerset Co MD
Name of Medical Attendant, or other person who makes this Return.	Carety Jones Midwife
Address,	No 405 Gravel Alley
Remarks,	

8970000164

Health. This schedule shall contain the same can be ascertained the full name of each child, (if any shall have month, and shall set forth as far as the name and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain the full name of each child, if any shall have been born alive within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec Jan 17th 197
4. Place of Birth, (Street and Number) #6 S Carlton
5. Full Name of Mother, Janie Elizabeth Powell
6. Mother's Maiden Name, Janie Elizabeth Green
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Henry Powell
9. Father's Occupation Teamster
10. Father's Birthplace, Fred Mount Halifaxtoria

Name of Medical Attendant, or other person who makes this Return, Carline Green

Address, #1066 Raborg St

Remarks,

8970000165

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...rth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of ...edule contain a list of the births which have occurred under his or her care during the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* 1352 Gorsuch Ave.
5. *Full Name of Mother,* Augusta Berk.
6. *Mother's Maiden Name,* " Betten
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Berk.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, L. Estelle Wilson

Address, 1331 Hull St. Locust Point.

Remarks,

8970000166

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 15 1897
4. *Place of Birth, (Street and Number)* 121 East Lyon St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 7 0 0 0 0 1 6 7

Wm J C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practitioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ce, to be recovered as other fines and forfeitures are recoverable.
been conferred; its sex, color, the full name, residence and
said schedule shall be delivered, duly signed by the practi-
third day of each and every month to the office of the Com-
shall occur without the attendance of a physician or pr-
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to b

RETURN OF A BIRTH 80071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a full [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 day of January
4. *Place of Birth, (Street and Number)* 1954 Hanover str. City
5. *Full Name of Mother,* Maggie Squires
6. *Mother's Maiden Name,* Maggie Hoff
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George A. Squires
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mr. Annie M. Goeller

Address, 1707 Hanover st. Baltimore City

Remarks,

8970000168

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80072.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 18/97

4. *Place of Birth, (Street and Number)* 1[illegible] 600 Duncan Ave

5. *Full Name of Mother,* Catherine Frantz

6. *Mother's Maiden Name,* Lang

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Franz Frantz

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, 1[illegible] 1907 E Monument Str

Remarks,

8970000169

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 18 1897
4. *Place of Birth, (Street and Number)* Waverly
5. *Full Name of Mother,* Ida Tabs
6. *Mother's Maiden Name,* Bastard
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* " " " "
9. *Father's Occupation* " " " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Talbot St Waverly Balto City

Remarks, Well

18970000170

been conferred; its sex, color, the [illegible] and the occupation and birthplace of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jany 19th 1897.
4. *Place of Birth, (Street and Number)*	2405 W. North Ave.
5. *Full Name of Mother,*	Julia V. Tucker.
6. *Mother's Maiden Name,*	Julia V Cummings.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	See Brown Tucker.
9. *Father's Occupation*	Book-Keeper
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other person who makes this Return,	John A Pennington M.D.
Address,	1716 Linden Ave
Remarks,	

8970000171

Baltimore under whose charge or supervision a child is born, to be furnished by him or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 19 1897
4. *Place of Birth, (Street and Number)* Baltimore 814 Gutaw Street
5. *Full Name of Mother,* Jennie Snead
6. *Mother's Maiden Name,* Jennie Snead
7. *Mother's Birthplace,* Eastern Shore Virginia
8. *Full Name of Father,* John Hammond
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Eastern Shore Va

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall Street

Remarks,

8970000172

SECTION 7.—And be it further enacted, that every birth shall hereafter take place, shall keep a true and accurate account of every birth which shall hereafter take place, shall keep a true and accurate account of every birth which shall hereafter take place, shall keep a true and accurate account of every birth which

RETURN OF A BIRTH. 80076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2d January 1892
4. *Place of Birth, (Street and Number)* No 1632 Burrough's
5. *Full Name of Mother,* Mary L. Geisler
6. *Mother's Maiden Name,* " " Dubzal
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* William Geisler
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffer

Address, No 1708 E. Fayette Ave. L. P.

Remarks,

8970000173

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1897
4. Place of Birth, (Street and Number) Maiden Chance Lane
5. Full Name of Mother, Emma J. Hood
6. Mother's Maiden Name, Emma J. Thune
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Rob. H. Hood
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. B. Hudson M.D.

Address, Frederick Md Augusta Ave.

Remarks,

8970000174

Record of V... the City of Baltimore.

SECTION 7.—And be it further enacted that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 800 77½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4, 1899
4. *Place of Birth, (Street and Number)* Morgan Chance Lane
5. *Full Name of Mother,* Emma J. Hood
6. *Mother's Maiden Name,* Emma J. Tisme
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John H Hood
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C. P. Mullins M.D.

Address, Frederick & Augusta Ave

Remarks,

8970000175

Record of Vi... the City of Baltimore.

SECTION 7.—And be it further enacted that every person practicing midwifery in the City of Baltimore under whose charge or superinten... birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 6th 1897
4. *Place of Birth, (Street and Number)*	5-30 Rogers Ave.
5. *Full Name of Mother,*	Mamie Brown
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Mrs. Elizabeth Chaney
Address,	5-30 Rogers Ave.
Remarks,	

8970000176

SECTION 7.—And be it further enacted that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 80079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan. 12, 1897
4. *Place of Birth, (Street and Number)*	1104 Linden ave –
5. *Full Name of Mother,*	Margaret Rodemyer
6. *Mother's Maiden Name,*	" Owens –
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Jno. E. Rodemyer.
9. *Father's Occupation*	Janitor.
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	T. Edward Janney M.D.
Address,	837 N. Eutaw st.
Remarks,	

8970000177

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of V... in the City of Baltimore.

SECTION 7.—And be it further enac... ained that every person practicing midwifery in the City of Baltimore under whose charge or superinte... e a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 18. 1897
4. *Place of Birth, (Street and Number)* No 1203 Towson St
5. *Full Name of Mother,* Lizzie Newmann
6. *Mother's Maiden Name,* Lizzie Bitensvig
7. *Mother's Birthplace,* Germ
8. *Full Name of Father,* Stephen Newmann
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Rev. Ettl

Address, No 1619 Eden St

Remarks,

8970000178

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall enter ... blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80081

Female do child 2
White
January 19
1329 Lemon St
Mary Spearman
Mary Zinenack
Baltimore
John Thomas Spearman
iron moulder
New York

Mrs Thorn
1310 Pratt St

18970000179

RETURN OF A BIRTH. 80082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* January 21st
4. *Place of Birth, (Street and Number)* 523 Moore St
5. *Full Name of Mother,* Ellen S Davis
6. *Mother's Maiden Name,* Ellen S Tydings
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles T Davis
9. *Father's Occupation,* Well digger
10. *Father's Birthplace,* West River A.A Co. Md

Name of Medical Attendant, or other person who makes this Return, Flora Pollack M.D.

Address, 1112 Fenton St

Remarks,

8970000180

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80083

GIVEN NAME ADDED 5-7-54

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Agnes Pauline Long

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 January 1897
4. Place of Birth, (Street and Number) 1033 William st
5. Full Name of Mother, Anna Barbara Long
6. Mother's Maiden Name, Anna Barbara Lichart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Long
9. Father's Occupation, driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Margret V Lambert

Address, 1044 William st

Remarks, mother and baby do well

8 9 7 0 0 0 0 1 8 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 80084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore ... a birth shall ... place, shall keep a register of such birth, ... be furnished by the Commissioner of Health. This schedule shall contain a ... of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ... White Male
2. *Race or Color, (if not of the white race)* ... White
3. *Date of Birth,* ... Jan 16/97
4. *Place of Birth, (Street and Number)* ... 1113 Philpot st
5. *Full Name of Mother,* ... Annie Sammon
6. *Mother's Maiden Name,* ... " Joyce
7. *Mother's Birthplace,* ... Ireland
8. *Full Name of Father,* ... —
9. *Father's Occupation* ... —
10. *Father's Birthplace,* ... —

Name of Medical Attendant, or other person who makes this Return, ... M. E. Gray

Address, ... 732 Will st

Remarks, ...

8970000182

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th,

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan, 2nd. 1897
4. *Place of Birth, (Street and Number)* 1310 Homewood Ave
5. *Full Name of Mother,* Elizabeth A. Debring
6. *Mother's Maiden Name,* Elizabeth A Dahlheimer
7. *Mother's Birthplace,* Balt. md,
8. *Full Name of Father,* Jos. Debring.
9. *Father's Occupation* Rail Road Clerk
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8970000183

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1235.]

RETURN OF A BIRTH. 80086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8. 1897
4. Place of Birth, (Street and Number) 1614 N. Bond Street
5. Full Name of Mother, Kate Dietrich
6. Mother's Maiden Name, " Engel
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Wm G Dietrich. ~~Sixth National Bank~~
9. Father's Occupation Supt. National Brewing Co.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, S. J. Sauer, M.D.

Address, 3042 O'Donnell Street

Remarks,

8 9 7 0 0 0 0 1 8 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jaury 8th 1897
4. *Place of Birth, (Street and Number)* 2517 - St Paul St
5. *Full Name of Mother,* Sallie Boggs Powell
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Thomas J. Powell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, John A. Symington, M.D.

Address, 2100 - Md ave

Remarks,

8 9 7 0 0 0 0 1 8 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Register of births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 80088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1897
4. *Place of Birth, (Street and Number)* 1625 Mosecam st Balto
5. *Full Name of Mother,* Lena Hinterlein
6. *Mother's Maiden Name,* Lena Mark
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Hinterlein
9. *Father's Occupation* Harnessmaker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern ave

Remarks,

8 9 7 0 0 0 0 1 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 13th 1897
4. *Place of Birth, (Street and Number)* 2012 Fountain st Balto.
5. *Full Name of Mother,* Batha Wright
6. *Mother's Maiden Name,* Bertha Smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Wright
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave

Remarks,

1 8 9 7 0 0 0 0 1 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 15 A 1877
4. *Place of Birth, (Street and Number)* 733 Boyd st Balto
5. *Full Name of Mother,* Annie Thomas
6. *Mother's Maiden Name,* Annie Ragan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Thomas
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave

Remarks,

8970000188

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First & Solid

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16th 1897

4. Place of Birth, (Street and Number) B Stinson Ind + 2013 W Pratt St

5. Full Name of Mother, Annie Marie Buckwalter

6. Mother's Maiden Name, Sinex

7. Mother's Birthplace, Baltimore Ind

8. Full Name of Father, Jacob Heinrich Buckwalter

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Ind

Name of Medical Attendant, or other person who makes this Return, Miss Mary Kraning

Address, # 414 S Stricker St Baltimore Md.

Remarks, Mother and Child are doing well.

8 9 7 0 0 0 0 1 8 9

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~&c. &c.~~) .....

1. *Sex,* (~~state whether~~ male, ~~female~~) .....
2. *Race or Color,* (~~if not of the~~ white ~~race~~) .....
3. *Date of Birth,* January 16th 1897
4. *Place of Birth,* (Street and Number) # 514 E Baltimore St
5. *Full Name of Mother,* Ida L. Handy
6. *Mother's Maiden Name,* Ida L. Jeter
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Walter C. Handy
9. *Father's Occupation* Restaurant-Keeper
10. *Father's Birthplace,* D. C.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St

Remarks, ...

8 9 7 0 0 0 0 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 80093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 19th 1897
4. Place of Birth, (Street and Number) No 24 Loudon Ave
5. Full Name of Mother, Fanny Harvey
6. Mother's Maiden Name, Fanny Cole
7. Mother's Birthplace, London England
8. Full Name of Father, William Harvey
9. Father's Occupation Butcher
10. Father's Birthplace, London England

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970000191

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 sd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17th 1897
4. *Place of Birth, (Street and Number)* 2223 Canton Ave Balto
5. *Full Name of Mother,* Mary Sheline
6. *Mother's Maiden Name,* Mary Taylor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sheline
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave

Remarks,

8970000192

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a child shall be born, to be furnished by the Commissioner of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan, 19th, 1897

4. Place of Birth, (Street and Number) 328 = 2 1st. St,

5. Full Name of Mother, Jennie K. Jones.

6. Mother's Maiden Name, Jennie K Kay

7. Mother's Birthplace, Balt. Co. Md.

8. Full Name of Father, John M. Jones.

9. Father's Occupation Engineer N. C. R.R.

10. Father's Birthplace, Balt Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Benton, M.D.,

Address, S.W. Cor, Calvert & Preston Sts.

Remarks,

8970000193

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 20th 1897
4. *Place of Birth, (Street and Number)* 223 N Carolinst Balto
5. *Full Name of Mother,* Minnie Bauer Helfenstein
6. *Mother's Maiden Name,* Minnie Bauer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Helfenstein
9. *Father's Occupation* Carpet Manufacturer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1776 Eastern Ave

Remarks,

8970000194

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2/21/68

RETURN OF A BIRTH 80097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SAMUEL REESE ~~CARR~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Janu 20 1897
4. Place of Birth, (Street and Number) 2836 W. Lanvale St Ext.
5. Full Name of Mother, Ora Viola ~~Burkins~~ Carr,
6. Mother's Maiden Name, Burkins
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wm J. Carr
9. Father's Occupation, ~~Bar~~ Barber
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, Samuel W. Goodwin

Address, 704 N. Gilmore

Remarks,

8970000195

register of such birth, and shall enter the same in a book to be kept for that purpose by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or ~~female~~) [illegible]
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 50 - Mar 26th 97
4. Place of Birth, (Street and Number) Jersey 21 St 197
5. Full Name of Mother, Martha Mitten Englehard
6. Mother's Maiden Name, " "
7. Mother's Birthplace, [illegible]
8. Full Name of Father, John Englehardt
9. Father's Occupation, Contractor
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, John W. Glass M.D.

Address, 2100 - Mds ave

Remarks, [illegible]

8970000196

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

[Form 1236.]

RETURN OF A BIRTH. 80099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21st 1898
4. Place of Birth, (Street and Number) 141 Jackson st
5. Full Name of Mother, Maggie Sons
6. Mother's Maiden Name, Silk
7. Mother's Birthplace, Balto
8. Full Name of Father, John F Sons
9. Father's Occupation Stokesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 704 E. Fort Ave.

Remarks,

8 9 7 U 0 0 0 1 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 22nd 1897
4. Place of Birth, (Street and Number) 1621 Calhoun st.
5. Full Name of Mother, Lillie Armstrong
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robert Christian
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Hanover st

Remarks,

8970000198

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 80101

CERTIFICATE CORRECTED 11-27-6-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Henry Breitenbach 3 d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 22 d. 1897 3 o'clk. a m.
4. *Place of Birth, (Street and Number)* 320 E. Lanvale St. Breitenbach
5. *Full Name of Mother,* Catherine ~~Breitenbach~~
6. *Mother's Maiden Name,* Catherine Daneck.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William ~~Breitenbach~~ Breitenbach
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. A. W. Layton

Address, 1136 W. Lexington St

Remarks,

8 4 7 U 0 0 0 1 9 9

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (2d) Colored

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 22, 1897, at 9 35 A.M.
4. Place of Birth, (Street and Number) 2143 Pennsylvania Ave
5. Full Name of Mother, Elizabeth Hyland Hunter
6. Mother's Maiden Name, Cochran
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, George Augustus Washington Hunter
9. Father's Occupation, Carpenter
10. Father's Birthplace, Millville, Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return. E. G. Watkins, M.D.

Address, 1429 McCulloh St

Remarks,

DR. E. G. WATKINS,
1429 McCulloh St.
BALTIMORE, MD.

8970000000200

Under a like penalty of Superintendent a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 80103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, ~~1422 N. Fulton Ave~~ Jan 22-97
4. Place of Birth, (Street and Number) 1422 N. Fulton Ave
5. Full Name of Mother, Annie M. S. Six
6. Mother's Maiden Name, Galloway
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Six
9. Father's Occupation, Pattern Maker
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. Wm. Funck M.D.

DR. J. WM. FUNCK.

Address, 1010 N. FULTON AVENUE. BALTIMORE.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SHLANY & CO., CITY PRINTERS AND STATIONERS.

18970000201

RETURN OF A BIRTH. 80104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22d 1897
4. *Place of Birth, (Street and Number)* 725 Bond St Balto
5. *Full Name of Mother,* Annie Paul
6. *Mother's Maiden Name,* Annie Thomson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Paul
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern ave

Remarks,

8970000202

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th,
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan, 22nd, 1897,
4. *Place of Birth, (Street and Number)*	1605 E. North Ave,
5. *Full Name of Mother,*	Mattie A. Green.
6. *Mother's Maiden Name,*	Mattie Ashton,
7. *Mother's Birthplace,*	Harford Co, Md.
8. *Full Name of Father,*	George J. Green,
9. *Father's Occupation*	Pilot
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Benton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	

8 9 7 0 0 0 0 2 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 80106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 22nd 1897
4. *Place of Birth, (Street and Number)* No 7 Cottage Ave
5. *Full Name of Mother,* Mollie King
6. *Mother's Maiden Name,* Mollie Murphy
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John King
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970000002 04

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie Yeagy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan, 23rd, 1897.
4. Place of Birth, (Street and Number) 448 Girard Ave
5. Full Name of Mother, Kate M. Yeagy.
6. Mother's Maiden Name, Kate M. Batchone,
7. Mother's Birthplace, York Pa
8. Full Name of Father, George G. Yeagy.
9. Father's Occupation Engineer W.C.R.R.
10. Father's Birthplace, York Pa, Wilmer Brinton, M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, S. W. Cor Calvert & Preston Sts.

Remarks, GIVEN NAME ADDED 3-2-54

8970000205

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 80108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 10 m

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* January 23 1897
4. *Place of Birth,* (*Street and Number*) No 217 Carrol st
5. *Full Name of Mother,* Maggie Woody
6. *Mother's Maiden Name,* Maggie Davidson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Woody
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970000206

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23, 1897
4. *Place of Birth, (Street and Number)* 1217 Patapsco st
5. *Full Name of Mother,* Sophia Offelt Campion
6. *Mother's Maiden Name,* ~~Germany~~ Offelt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Campion
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Carolina Schuyt

Address, 434 E. Fort Ave

Remarks,

8970000207

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 15th 1897
4. Place of Birth (Street and Number) 1917 Mt Royal Hill
5. Full Name of Mother Mrs Ellen Dunphy Leary
6. Mother's Maiden Name Ellen Dunphy
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Leary
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Z. Stewart

Address 1214 Linden Ave

Remarks

8970000208

RETURN OF A BIRTH. 80111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15th
4. *Place of Birth, (Street and Number)* 2821 Lanvale st
5. *Full Name of Mother,* Ida Matilda Hill
6. *Mother's Maiden Name,* Ida Matilda Pease
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thesory Hill
9. *Father's Occupation* Tin and Stove Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Pearson

Address, 2847 Lanvale st

Remarks,

8970000209

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	Jany 16th 1897
4. *Place of Birth* (Street and Number)	663 Lurgan St.
5. *Full Name of Mother*	Carrie Hall-Welch
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	William Welch
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	J. D. Gilbert
Address	1214 Linden Ave
Remarks	

8970000210

RETURN OF A BIRTH 80113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16th 1897
4. *Place of Birth, (Street and Number)* 1214 N Pratt St city
5. *Full Name of Mother,* Emma Jane Webb
6. *Mother's Maiden Name,* " " Thomas
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Henry Webb
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Thomas

Address, 1242 N Pratt St

Remarks,

8970000211

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 80114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jun 16
4. *Place of Birth, (Street and Number)* Cor Hill Liberty road.
5. *Full Name of Mother,* Anna Hilbert
6. *Mother's Maiden Name,* Anna Rohlader
7. *Mother's Birthplace,* Wilkenberg Germany
8. *Full Name of Father,* Otto Hilbert
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Wilkenberg

Name of Medical Attendant, or other person who makes this Return, Mary J Ferguson

Address, 2847 Fairvale st

Remarks,

8970000212

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Only Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Of the Color Race

3. *Date of Birth,* 22 January 1897

4. *Place of Birth, (Street and Number)* 427 East Lanvale St

5. *Full Name of Mother,* Francis Isabella Jones

6. *Mother's Maiden Name,* Francis Isabella Jones

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Joseph Augustus Dickson

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie Simms

Address, 640 Pollard

Remarks,

8970000213

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	11/11/97
4. *Place of Birth, (Street and Number)*	135 Cookerow St
5. *Full Name of Mother,*	Mrs Bridget Burke
6. *Mother's Maiden Name,*	Bridget Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Richard Burke
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Miss Ann O'Connor
Address,	1112 Hanover St
Remarks,	

8970000214

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5-K

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1/12/97
4. *Place of Birth, (Street and Number)* 1029 Hollen st
5. *Full Name of Mother,* Mrs Budget McGuire
6. *Mother's Maiden Name,* Budget O'Connor
7. *Mother's Birthplace,* Leland
8. *Full Name of Father,* Fulcoman
9. *Father's Occupation* Lab P. McGuire
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor

Address, 1115 Hanover st

Remarks,

8970000215

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 80118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 12th 1897
4. Place of Birth, (Street and Number) 1106 N. Stockton
5. Full Name of Mother, Emma Wilson
6. Mother's Maiden Name, Jackson
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, peter M. Wilson
9. Father's Occupation Hostler
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, Green & Mulberry Sts

Remarks,

8970000216

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every physician or midwife in attendance upon a birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-4 twins

1. *Sex, (state whether male or female)* male and female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 January
4. *Place of Birth, (Street and Number)* 1502 Gay Street
5. *Full Name of Mother,* Mandl Hills
6. *Mother's Maiden Name,* Maude Gibson
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Thomas Hills
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Brown

Address, 1600 N. Chester str.

Remarks,

8970000217

Wm. J. C. Dulany Co,. City Printers and Stationers.

[233.]

RETURN OF A BIRTH. 80120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sixteenth January
4. Place of Birth, (Street and Number) Baltimore 234 Eastern Ave
5. Full Name of Mother, Emma Virginia Kluger
6. Mother's Maiden Name, Emma Virginia Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ernest Kluger
9. Father's Occupation Marine
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Taylor

Address, # 611 S. Patterson Pk. Ave. Balto Md.

Remarks,

8 9 7 0 0 0 0 2 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 80121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17th 1897.
4. *Place of Birth, (Street and Number)*	1517 E Pratt st
5. *Full Name of Mother,*	Charlotte Virginia Boehm
6. *Mother's Maiden Name,*	" " Keller.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Michael Boehm
9. *Father's Occupation*	Instrument Maker.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	T. Ridgway Andre M D
Address,	1123 E Balto St
Remarks,	

8970000219

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Jan
4. Place of Birth, (Street and Number) 231 Milton Ave
5. Full Name of Mother, Emma Schmitt
6. Mother's Maiden Name, Emma Bittner
7. Mother's Birthplace, Germany
8. Full Name of Father, Willy Schmitt
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schramm and

Address, 1820 Canton Ave

Remarks,

1 8970000220

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

of the births which have occurred under his or her care during the
e can be ascertained the full name of each child, (if any shall have
nd occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
cian or practitioner of midwifery, or should no other person be in
ereafter it shall become the duty of the person or parents of such
f Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 18th 1897.
4. *Place of Birth, (Street and Number)* 510 W. Franklin St.
5. *Full Name of Mother,* Isabel Barron
6. *Mother's Maiden Name,* Isabel Schroeder
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Thomas Barron
9. *Father's Occupation,* Horse shoer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Chas. E. Dennis M.D.

Address, 405 N. Green St.

Remarks,

8970000221

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18th 97
4. *Place of Birth, (Street and Number)* 1937 Fremont
5. *Full Name of Mother,* Lola Stalcnecker
6. *Mother's Maiden Name,* Cosgrove
7. *Mother's Birthplace,* Brooklyn Ny.
8. *Full Name of Father,* Frank Stalcnecker
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr John Vassalli

Address, 1735 W Pratt. "

Remarks, "Grossesse Tubo-uterine

8970000222

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 January
4. *Place of Birth, (Street and Number)* 1510 Gay Street
5. *Full Name of Mother,* Annie Knecht
6. *Mother's Maiden Name,* Annie Klein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Knecht
9. *Father's Occupation* brew master
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Gena Bruns

Address, 1600 N Chester street

Remarks,

8 9 7 0 0 0 0 2 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 80126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 23 - 1897.
4. Place of Birth, (Street and Number) 206 Amity st
5. Full Name of Mother, Alleen Jones
6. Mother's Maiden Name, - - Eider
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jackson Jones
9. Father's Occupation Seaman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, Lyon & Mulberry st

Remarks,

8 9 7 0 0 0 0 2 2 4

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23 1897
4. Place of Birth, (Street and Number) 13 W. Montgomery St
5. Full Name of Mother, Emma Agusta White
6. Mother's Maiden Name, E. A. Travers
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Barney Albert White
9. Father's Occupation, Tiner
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Ellennora A. Anderson

Address, 1434 Patapsco St

Remarks,

8970000225

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-20-60

RETURN OF A BIRTH. 80128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Ambrose Mc Cauley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23d 1897
4. Place of Birth, (Street and Number) 518. Hughes. St
5. Full Name of Mother, Carrie. Mc. Cauley
6. Mother's Maiden Name, Carrie. Parker
7. Mother's Birthplace, Annapolis. Md
8. Full Name of Father, George. Mc. Cauley
9. Father's Occupation, Fireman
10. Father's Birthplace, Annapolis. Md

Name of Medical Attendant, or other person who makes this Return. Ellemora. A. Anderson

Address, 1434. Patapsco. St

Remarks,

8970000226

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23rd
4. Place of Birth, (Street and Number) #516 E. Patterson Pk. Ave.
5. Full Name of Mother, Rosa Lawrence
6. Mother's Maiden Name, Rosa Franks.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lawrence
9. Father's Occupation Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, ~~#~~ 611 E Patterson Pk. Ave.

Remarks,

8970000227

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan - 24 - 1897
4. Place of Birth, (Street and Number) 17 N. Milton Ave
5. Full Name of Mother, Mary Cecilia Thornton
6. Mother's Maiden Name, " " Rocks
7. Mother's Birthplace, Md
8. Full Name of Father, John A. B. Thornton
9. Father's Occupation Printer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, C. E. Dausenbaugh

Address, 1731 E. Balto. st

Remarks,

8970000228

Wm. J. C. Dulany Co., City Printers and Stationers

1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 24th 1897

4. *Place of Birth, (Street and Number)* 119 S. Bond st

5. *Full Name of Mother,* Anna G ~~Weitsche~~ Howda

6. *Mother's Maiden Name,* " " Weitsche

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Herman C Howda

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, I Ridgway André M D

Address, 1123 E Balto st

Remarks,

8970000229

Wm. J. C. Dulany Co,. City Printers and Stationers.

235.]

RETURN OF A BIRTH. 80132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Last child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24th 1897.
4. Place of Birth, (Street and Number) #2813 Hudson St.
5. Full Name of Mother, Katie Hoff Ross.
6. Mother's Maiden Name, Katie Hoff.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~9~~
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave. Balto. Md.

Remarks,

8970000230

Wm. J. C. Dulany Co,. City Printers and Stationers.

Months, all shall be set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 25-97
4. *Place of Birth, (Street and Number)* City- parish 1185
5. *Full Name of Mother,* mary Hanks
6. *Mother's Maiden Name,* mary adgers
7. *Mother's Birthplace,* cultural Co
8. *Full Name of Father,* geral, Hanks
9. *Father's Occupation* Color
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, dave warren

Address, Grace St- 1424

Remarks,

8970000231

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, 19
4. Place of Birth, (Street and Number) No 25 High St
5. Full Name of Mother, Elizziebeth Stuart
6. Mother's Maiden Name, Elizziebeth Green
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Charles Stuart
9. Father's Occupation, Chief
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Dr William Hare

Address, address 1111 Jefferson St

Remarks, mrs mary E Stuart

508 Carlisle 98 1 0006 0232

Section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

FORM 1236.]

RETURN OF A BIRTH. 80135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 25. 97
4. *Place of Birth, (Street and Number)* 522 N Lexington st
5. *Full Name of Mother,* Catherine Wilson
6. *Mother's Maiden Name,* " Dolen
7. *Mother's Birthplace,* Balto. Md. (?)
8. *Full Name of Father,* Charles Wilson
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Frederick Md.

Name of Medical Attendant, or other person who makes this Return, Louis M Eastman

Address, 792 N Lanvale st

Remarks, Was not called no until some time after birth & died. Child was unattended by Med. Nurse before death. Lived about 1 hr.

8970000233

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 25/97.
4. Place of Birth, (Street and Number) 25. North Collington Ave.
5. Full Name of Mother, Mary E. Evans
6. Mother's Maiden Name, Mary E. Potter
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wm. H. Evans
9. Father's Occupation Mariner
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, J. Bartlett Jr. M.D.

Address, 2340 Madison Ave

Remarks, Born L. 10 A. M.

8970000234

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81137

GIVEN NAME ADDED. 5-8-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1890
4. Place of Birth, (Street and Number) 1074 Fremont Cohen St
5. Full Name of Mother, Minnie Cohen
6. Mother's Maiden Name, Blum
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Cohen
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs N. Feldman

Address, 1013 E Lombard St

Remarks,

8970000235

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 16th
4. *Place of Birth, (Street and Number)*	429 Ostend
5. *Full Name of Mother,*	Lizzie Batze
6. *Mother's Maiden Name,*	" Marshall
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Batze
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs C. Faulstich
Remarks,	2859 N. Fulton Ave

8 9 7 0 0 0 0 2 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Jan
4. Place of Birth, (Street and Number) 1554 Ridgland St
5. Full Name of Mother, Kate Schatz
6. Mother's Maiden Name, " Dorr
7. Mother's Birthplace, Balto
8. Full Name of Father, August Schatz
9. Father's Occupation Pipefitter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 N. Fulton Ave

Remarks,

8970000237

The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16 th 1897
4. Place of Birth, (Street and Number) 1144 E. Lombard St
5. Full Name of Mother, Bessie Friedlander
6. Mother's Maiden Name, " Kavansky
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Friedlander
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs H. Feldman

Address, 913 E. Lombard St.

Remarks,

1 8 9 7 0 0 0 0 2 3 8

Wm J. C. Dulany Co., City Printers and Stationers.

If any child born alive shall die without having been named, the fact shall be stated and the name, if any, shall be set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17th 1879
4. *Place of Birth, (Street and Number)* 1141 Eastland St
5. *Full Name of Mother,* Annie Friedman
6. *Mother's Maiden Name,* Annie Fredt
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Jacob Friedman
9. *Father's Occupation,* City Cartage
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Wm G Feldman

Address, 1013 E. Feldman / Eastland St

Remarks,

1 8 9 7 0 0 0 0 2 3 9

Wm J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19
4. *Place of Birth, (Street and Number)* Lancaster Ste 1603
5. *Full Name of Mother,* Katie Hlavaty
6. *Mother's Maiden Name,* Polcar
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Thomas Hlavachy
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond Ste.

Remarks, Baltimore Md. City

1897 0 0 0 0 2 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January the 21 1897
4. *Place of Birth, (Street and Number)* west Fleury st No 15
5. *Full Name of Mother,* Hetty dutten
6. *Mother's Maiden Name,* Carter Stafford
7. *Mother's Birthplace,* Caroline County Md
8. *Full Name of Father,* Jeremiah Stafford
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Cambridge

Name of Medical Attendant, or other person who makes this Return, Conrad Jane Morris

Address, 121 west Fleury st

Remarks, full 9 months

8970000241

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 20
4. *Place of Birth, (Street and Number)* 1605 Luciana Str.
5. *Full Name of Mother,* Agnes Sutarsky
6. *Mother's Maiden Name,* Tegner
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Florian Sutarsky
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return Mary Brett

Address, 838 S. Broadway

Remarks, Baltimore Maryland City

8970000242

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21
4. *Place of Birth, (Street and Number)* S. Bond Ste. 504
5. *Full Name of Mother,* Annie Luby
6. *Mother's Maiden Name,* Kasprzvic
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Isaac Luby
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Scott

Address, 838 S. Bond Ste.

Remarks, Baltimore Md. City.

8970000243

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21
4. *Place of Birth, (Street and Number)* Lancaster Str. 1613.
5. *Full Name of Mother,* Hajnicka Deubele
6. *Mother's Maiden Name,* Sitarsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Majle Deubele
9. *Father's Occupation* Steretor
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt.

Address, 838 S. Broad Str. Baltimore Md.

Remarks, City.

1897000002444

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the third day of each and every month to the office of shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of Hea any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21
4. *Place of Birth, (Street and Number)* 1504 E. Thames Str.
5. *Full Name of Mother,* Eva Gabrilson
6. *Mother's Maiden Name,* Nelson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hans Gabrilson
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Bond Str.

Remarks, Baltimore Md. City

1 8 9 7 0 0 0 0 2 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22nd.
4. *Place of Birth, (Street and Number)* 2308 Cambrick Ste
5. *Full Name of Mother,* Mulvine Mack
6. *Mother's Maiden Name,* Kast
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Mack
9. *Father's Occupation* Stevtor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Bond Ste.

Remarks, Baltimore Md. City.

8970000246

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5 - 11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1897
4. Place of Birth, (Street and Number) 114½ Cleveland St.
5. Full Name of Mother, Pauline Dumonto Ruthenberg
6. Mother's Maiden Name, Pauline Dumonto
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Adolph Ruthenberg
9. Father's Occupation Bookseller
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970000247

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 77
4. *Place of Birth, (Street and Number)* Bond St. 771
5. *Full Name of Mother,* Mary Gorataska
6. *Mother's Maiden Name,* " Gulelska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Stanislaus Gorataska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602. S Bond St.

Remarks,

8970000248

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2
4. *Place of Birth, (Street and Number)* Central Av. 1407
5. *Full Name of Mother,* Bessie Vessel
6. *Mother's Maiden Name,* " Cellar
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Frank Vessel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Mary Krayka

Address, 662 S. Bond St.

Remarks,

18970000249

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born fifth Jan.
4. *Place of Birth, (Street and Number)* Sharp st. 100 E.
5. *Full Name of Mother,* Mrs Leggie Baxter
6. *Mother's Maiden Name,* Miss Leggie Leuckert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Mr Harvey William Baxter
9. *Father's Occupation* Glass Gatherer
10. *Father's Birthplace,* Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Mr Barge

Address, 711 W Cross st

Remarks,

8970000250

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 5
4. Place of Birth, (Street and Number) Bank 1509
5. Full Name of Mother, Lizzie Kalmos
6. Mother's Maiden Name, Guterman
7. Mother's Birthplace, Russia
8. Full Name of Father, Heran Kalmos
9. Father's Occupation Russia
10. Father's Birthplace, Laborer

Name of Medical Attendant, or other person who makes this Return, Mary Mrozka

Address, 602 Bond

Remarks,

1897 0 0 0 0 2 5 1

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 6th. 1897
4. Place of Birth, (Street and Number) 1111. Ridgely st
5. Full Name of Mother, Patience M. Tydings
6. Mother's Maiden Name, " " Warfield
7. Mother's Birthplace, A. A. Co. Md
8. Full Name of Father, Cattenden Tydings
9. Father's Occupation Manure Dealer
10. Father's Birthplace, A. A. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Wroe st

Remarks,

8970000252

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday, January 6, 1897
4. *Place of Birth, (Street and Number)* 1243½ West Lombard St
5. *Full Name of Mother,* Jane Sophia Little
6. *Mother's Maiden Name,* Jane Sophia Keller
7. *Mother's Birthplace,* Frederick, Md.
8. *Full Name of Father,* Ephraim Hanaway Little
9. *Father's Occupation* Compositor
10. *Father's Birthplace,* Gettysburg, Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 W. Cross st

Remarks,

+ 8970000253

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedules to be furnished to him or her by the Register of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(2 d)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 7th 97
4. *Place of Birth, (Street and Number)*	619 W Lee St Balto Md
5. *Full Name of Mother,*	Mary Katherine Elizabeth Driver
6. *Mother's Maiden Name,*	Mary Katherine Elizabeth Keller
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles Frederick Driver
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs McBurger
Address,	711 N. Grant.
Remarks,	

8970000002544

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 7th 1897
4. *Place of Birth, (Street and Number)* [redacted] Concord Court 813
5. *Full Name of Mother,* Anna Hamberg
6. *Mother's Maiden Name,* " Dreis
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* August Hamberg
9. *Father's Occupation* Balto.
10. *Father's Birthplace,* Labiau

Name of Medical Attendant, or other person who makes this Return, Mary Wrotka

Address, 602 S. Bond

Remarks,

8970000255

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* white race.
3. *Date of Birth,* 8th of January 1897
4. *Place of Birth, (Street and Number)* 1420 Wood st Balto
5. *Full Name of Mother,* A. Magdelena Witz
6. *Mother's Maiden Name,* Franke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* August Witz
9. *Father's Occupation*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauso

Address, 711 W. Cross st

Remarks,

8970000256

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 9 Jan.
4. *Place of Birth, (Street and Number)* Lancaster 1619
5. *Full Name of Mother,* Maggie Guardian
6. *Mother's Maiden Name,* Radushefska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father* Tom Guardian
9. *Father's Occupation* Hungarian
10. *Father's Birthplace,* Polander

Name of Medical Attendant, or other person who makes this Return, Mary Kuzka

Address, 602 E. Bond St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 7 0 0 0 0 2 5 7

RETURN OF A BIRTH. 80160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 January 1897
4. *Place of Birth, (Street and Number)* 709 Warren St
5. *Full Name of Mother,* Radie Sader
6. *Mother's Maiden Name,* Radie Zingard
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John E Sader
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Cross st.

Remarks,

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0 0 0 0 2 5 8

RETURN OF A BIRTH. 80161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 Jan
4. *Place of Birth, (Street and Number)* Lancaster St. 1612
5. *Full Name of Mother,* Ursula Brackaba
6. *Mother's Maiden Name,* " Slashyska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Anton Brackaba
9. *Father's Occupation* Labarer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kotzyka

Address, 602 Bond St.

Remarks,

8970000259

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no one her person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 1911
4. Place of Birth, (Street and Number) Thames Str. 710
5. Full Name of Mother, Anna Vanitzki
6. Mother's Maiden Name, Sinski
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanislaus Vanitzki
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kurzka

Address, 602 S Bond

Remarks,

1897000000260

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12. 1897
4. *Place of Birth, (Street and Number)*	639 W. Pratt st Balti City
5. *Full Name of Mother,*	Sophia Boecker
6. *Mother's Maiden Name,*	" " Buchert
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Henry Boecker
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 W Lee st.
Remarks,	

1897000000261

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan – 12th – 97
4. *Place of Birth, (Street and Number)* 1225 S. Eutaw st.
5. *Full Name of Mother,* Matilda Grecht
6. *Mother's Maiden Name,* Matilda Gundlach
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* L. Christian Grecht.
9. *Father's Occupation* Supt. of Fruit Pkg. Establishment
10. *Father's Birthplace,* Baltimore Md!

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 0 0 0 0 2 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d (Second)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17 96
4. *Place of Birth, (Street and Number)* 504 Fagan Ave.
5. *Full Name of Mother,* Katie Byrnes
6. *Mother's Maiden Name,* " Roach
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Peter Byrnes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jos. Robinson M.D.

Address, 726 S. Fremont Ave.

Remarks,

8970000263

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14th
4. *Place of Birth, (Street and Number)* 1230 Hollin st
5. *Full Name of Mother,* Alice Wagner
6. *Mother's Maiden Name,* Alice Poble
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Wagner
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N Gross st

Remarks,

8970000264

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as near as the same can be ascertained the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 80167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Jan. 15th
4. *Place of Birth (Street and Number),* 1736 Division st.
5. *Full Name of Mother,* Catharine Ames
6. *Mother's Maiden Name,* Catharine Briscoe
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Harry Ames
9. *Father's Occupation,* Trader
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. R. M. Hall

Address, 1019 D. Hill ave.

Remarks,

8 9 7 0 0 0 0 2 6 5

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltim e Publishing Co., City Printers and Stationers.

month, and SHALL set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 15
4. *Place of Birth, (Street and Number)* Alice Ann 183
5. *Full Name of Mother,* Laura Strachsinzgi
6. *Mother's Maiden Name,* " Rnoga
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Strachsinzgi
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kudzyka

Address, 602 Bond

Remarks,

8970000266

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Jan.
4. *Place of Birth, (Street and Number)* Lancaster Rd. 730
5. *Full Name of Mother* Antoni Beshinski
6. *Mother's Maiden Name,* " Kraus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Beshinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602 S. Bond St.

Remarks,

8970000267

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Jan
4. Place of Birth, (Street and Number) Lancaster St. 1612
5. Full Name of Mother, Rosa Garcawitch
6. Mother's Maiden Name, Barslinska
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Garcawitch
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyka

Address, 602 Bond St

Remarks,

8970000268

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Jan
4. Place of Birth, (Street and Number) Lancaster 1704
5. Full Name of Mother, Bertha Voshenevska
6. Mother's Maiden Name, " Dankoska
7. Mother's Birthplace, Poland
8. Full Name of Father Mike Voshenevska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602 S. Bond St

Remarks,

1897 0 0 0 0 2 6 9

The number and sex of each child born at one birth, and the name and surname as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19th 1897
4. *Place of Birth, (Street and Number)* 1102 Lanvandy st
5. *Full Name of Mother,* Catherine Ross Finnan
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Washington Ross
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bragg

Address, 711 N. Eden st

Remarks,

18970000270

Wm. J. C. Dulany Co., City Printers and Stationers.

...ned the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 80173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: McKay Humphreys

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th 97
4. Place of Birth, (Street and Number) # 608 South Eutaw St
5. Full Name of Mother, Mary Humphreys
6. Mother's Maiden Name, " (Wid) Weld
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. A. Humphreys
9. Father's Occupation Manufacturers agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gross st

Remarks,

89,700000271

Wm. J. C. Dulany Co., City Printers and Stationers.

...ation, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 21-97
4. *Place of Birth, (Street and Number)* 933 N. Gay st.
5. *Full Name of Mother,* Nellie Whalen
6. *Mother's Maiden Name,* " Korn
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Horace Whalen
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, L. L. Buddenhagen

Address, 418 S. Paca St.

Remarks,

1 8 9 7 0 0 0 0 2 7 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan. 1st 97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Nancy Johnson
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin Maternity
Address,	
Remarks,	

1897000273

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336]

RETURN OF A BIRTH. 80176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Jan. 3rd 97

4. Place of Birth, (Street and Number) Maternity 115 W. Lombard

5. Full Name of Mother, Annie Mocks

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va.

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. C. Austin Maternity

Address,

Remarks,

8970000274

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 5th '97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard
5. *Full Name of Mother,*	Lola Anderson
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. Clausten Maternity
Address,	
Remarks,	

1897 0000275

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, in the manner and within the period above required, and to report its birth to the Commissioner of Health, in the form of a certificate, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 13th '97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Saratoga
5. *Full Name of Mother,*	Della Brooks
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. Austin
Address,	Maternity
Remarks,	

8970000276

Wm. J. C. Dulany Co., City Printers and Stationers.

1256]

RETURN OF A BIRTH. 80179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 13th '97

4. Place of Birth, (Street and Number) Maternity 115 W Fountain St.

5. Full Name of Mother, Bessie Watson

6. Mother's Maiden Name, "

7. Mother's Birthplace, " Maryland

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. Clausley Maternity

Address,

Remarks,

1 8 9 7 0 0 0 0 2 7 7

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan. 14th '97
4. *Place of Birth, (Street and Number)*	Maternity 115 W Saratoga
5. *Full Name of Mother,*	Barbara Neulant
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. Clinton
Address,	Maternity
Remarks,	

1 8 9 7 0 0 0 0 2 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan. 16th '97
4. *Place of Birth, (Street and Number)*	Maternity 1520 Linstead
5. *Full Name of Mother,*	Annie Fraelic
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin Maternity
Address,	
Remarks,	

1897 0000279

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 16th 97

4. *Place of Birth, (Street and Number)* Maternity 115 W Saratoga

5. *Full Name of Mother,* Elena Gray

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Va.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. Clusters Maternity

Address,

Remarks,

1897 00000280

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan. 17th 97
4. *Place of Birth, (Street and Number)* Walkruts 115 W. Saratoga
5. *Full Name of Mother,* Mary Travers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return J. C. Dulany

Address, Walkruts

Remarks,

1 8 9 7 0 0 0 0 2 8 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 21st '97
4. *Place of Birth, (Street and Number)*	Maternity 115 W Lombard
5. *Full Name of Mother,*	Mary Baldwin
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return	J. Austin Maternity
Address,	
Remarks,	

8 9 7 0 0 0 0 2 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 23rd '97
4. *Place of Birth, (Street and Number)* Multiparts 115 W Eutaw Annex Hall
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Maryland
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. Clinton Multiparts

Address,

Remarks,

1 8 9 7 0 0 0 0 2 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 25th '97

4. *Place of Birth, (Street and Number)* Mothrutts' 115 W Lombard

5. *Full Name of Mother,* Ida Probost

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. Austin Mothrutts'

Address,

Remarks,

| 8 9 7 0 0 0 0 2 8 4

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 25th 97

4. *Place of Birth, (Street and Number)* Maternity 115 W Saratoga

5. *Full Name of Mother,* Mary Naylor

6. *Mother's Maiden Name,* Walrs

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. C. Anstey Maternity

Address,

Remarks,

1897000000285

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 28th 97

4. *Place of Birth, (Street and Number)* Maternity 115 W Fountain

5. *Full Name of Mother,* Mary Stumpf

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. Austin J. C. Maternity

Address,

Remarks,

8970000286

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 80189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 28th 97
4. *Place of Birth, (Street and Number)*	Mahrrints 115 W Fountain
5. *Full Name of Mother,*	Mary Stumpf
6. *Mother's Maiden Name,*	Gronauer
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J Clinton Mahrrints
Address,	
Remarks,	Twins - Male + Female

1897 0000287

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1-1897
4. *Place of Birth, (Street and Number)* 1107 Monument St
5. *Full Name of Mother,* Anny Cohen
6. *Mother's Maiden Name,* Lee Hecker
7. *Mother's Birthplace,* Curland
8. *Full Name of Father,* Frank Cohen
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Curland

Name of Medical Attendant, or other person who makes this Return, H. Feinder M.D.

Address, 1434 E. Front St

Remarks,

8970000288

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) -6-

1. *Sex, (state whether ~~male or~~ female)* female
2. *Race or Color, (if ~~not of the white~~ race)* colored
3. *Date of Birth,* 2 of Jan - 1897 at ½ of 12 oclock P.M
4. *Place of Birth, (Street and Number)* 1625 21- Grashb. street -
5. *Full Name of Mother,* Schadotta. Frisby
6. *Mother's Maiden Name,* - - - - - Bowdley
7. *Mother's Birthplace,* Queen anns. county Md
8. *Full Name of Father,* Chas. E. Frisby
9. *Father's Occupation* Labor and odd Jobs
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Roselius, Amos-Cooper

Address, 921 Shuter Soltet.

Remarks, both are well

Balto Md City

1897 00002 89

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jany. 12 1897

4. Place of Birth, (Street and Number) 2428 E. Eden

5. Full Name of Mother, Catherine C. Collins

6. Mother's Maiden Name, " " Seidel

7. Mother's Birthplace, Balto Co. Md

8. Full Name of Father, Charles L. Collins

9. Father's Occupation, Fireman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo L. Williams

Address, C H. Brady

Remarks,

18970000290

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Form 1236.]

CERTIFICATE AMENDED - 6/4/13

RETURN OF A BIRTH. 80193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: BESSIE MYERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 3 1897
4. Place of Birth, (Street and Number) 105 Albemarle St
5. Full Name of Mother, Jenny ~~Myer~~ MYERS
6. Mother's Maiden Name, Jenny Superstein
7. Mother's Birthplace, Bialystok State, Russia
8. Full Name of Father, ~~Harris Myer~~ MYERS
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Courland

Name of Medical Attendant, or other person who makes this Return, G. Edmiston M.D.

Address, 143 N. Front St

Remarks, Filed 1897

1897000029 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. 80194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 January 1897
4. *Place of Birth, (Street and Number)* 336 Stockton St Baltimore City
5. *Full Name of Mother,* Mrs Lynd
6. *Mother's Maiden Name,* Ellen Carberry
7. *Mother's Birthplace,* Co Wexford Ireland
8. *Full Name of Father,* James Lynd
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Co Kilkenny Ireland

Name of Medical Attendant, or other person who makes this Return, S. D

Address,

Remarks,

8970000292

Wm. J. C. Dulany Co,. City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80,195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Jany. 3/97
4. *Place of Birth, (Street and Number)* 1900 Payson St.
5. *Full Name of Mother,* Mrs Frank B. Hedrick
6. *Mother's Maiden Name,* Mary A. Benton
7. *Mother's Birthplace,* Kent Co Md.
8. *Full Name of Father,* Frank B. Hedrick
9. *Father's Occupation* Horse dealer
10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave.

Remarks,

8970000293

Wm. J. C. Dulany Co., City Printers and Stationers.

1256.]

Over

RETURN OF A BIRTH.

8/196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 3 of January (1897)
4. Place of Birth, (Street and Number) No 423 Monument St
5. Full Name of Mother, Mary Ward
6. Mother's Maiden Name, Mary Downes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Ward
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. A. Lauer

Address, No 10 E Hoffman St

Remarks, Bal. Md

Full name of child — 1897 Charles Daniel Ward

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 7 0 0 0 0 0 2 9 4

1236.]

RETURN OF A BIRTH. 80197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 4 of January 1897

4. *Place of Birth, (Street and Number)* No 902 Eden St

5. *Full Name of Mother,* Carrie Dunn

6. *Mother's Maiden Name,* Carrie Kibe

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph L. Dunn

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ch. Dunn

Address, No 1029 Maryland Ave

Remarks, Bal. Md.

1897

8970000295

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Jany. 5/47
4. Place of Birth, (Street and Number) 2001 Oak St.
5. Full Name of Mother, Mrs Ralph L Browning
6. Mother's Maiden Name, Adah Harris
7. Mother's Birthplace, Ohio
8. Full Name of Father, Ralph L Browning
9. Father's Occupation Student
10. Father's Birthplace, Connecticut

Name of Medical Attendant, or other person who makes this Return, E. R. Smith M.D.

Address, 2531 Pennsa. Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 0 0 0 0 2 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Jany 6/47
4. Place of Birth, (Street and Number) 2837 N. Fulton av.
5. Full Name of Mother, Mrs Chao Young
6. Mother's Maiden Name,
7. Mother's Birthplace, India
8. Full Name of Father, Charles Young
9. Father's Occupation Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M. D.

Address, 2534 Penna. Ave

Remarks, C/z Mo. foetus lived 2 hrs.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970000297

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 80200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3d

1. Sex, (state whether male or female) Boy & Girl, twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1897
4. Place of Birth, (Street and Number) 126 Collington Ave
5. Full Name of Mother, Tillie Wilder
6. Mother's Maiden Name, Tillie Krumm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Will E Wilder
9. Father's Occupation Supper't of Coleman-Du Pont Co
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Koon Midwife

Address, 1922 E Fayette Street

Remarks,

8970000298

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Midwife, who shall act in the case as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 80 201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether ~~male~~ or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7th January 1897
4. Place of Birth, (Street and Number) 1426 Gough St
5. Full Name of Mother, Anny Silverman
6. Mother's Maiden Name, Brand
7. Mother's Birthplace, Russia Kovne State
8. Full Name of Father, Frank Silverman
9. Father's Occupation Peddler
10. Father's Birthplace, Russia Kovne State

Name of Medical Attendant, or other person who makes this Return, H. Kinder M.D.

Address, 143 N. Front St

Remarks,

8970000299

Wm. J. C. Dulany Co,. City Printers and Stationers.

Registrar of each ward, and such enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (state whether male or ~~female~~)
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* Jan. 7/97
4. *Place of Birth,* (Street and Number) 1035 S. Charles St.
5. *Full Name of Mother,* Auguste Henriyetta ~~Metze~~ Bernhardt
6. *Mother's Maiden Name,* Metze
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Wilhelm Moritz Bernhardt.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Wiinsch

Address, 800 Leadenhall Street.

Remarks,

8970000300

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80.203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 9th 1899 at 7 35 a.m.
4. *Place of Birth, (Street and Number)* 1220 Marshall Ave
5. *Full Name of Mother,* Emma Higgins
6. *Mother's Maiden Name,* Emma Hilker
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Henry Higgins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Wm Wünsch

Address, 807 Leadenhall Street.

Remarks,

8970000301

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Resident shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Jany. 8/97
4. *Place of Birth, (Street and Number)*	2015 Pulaski St.
5. *Full Name of Mother,*	Mrs Wm. A. Stoltz
6. *Mother's Maiden Name,*	Ella Foster
7. *Mother's Birthplace,*	Washington D. C.
8. *Full Name of Father,*	Wm. A. Stoltz
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M D.
Address,	2531 Penna. Ave
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 0 0 0 0 3 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 11th 1827
4. Place of Birth, (Street and Number) 1034 Hanover St
5. Full Name of Mother, Katie D. Miles
6. Mother's Maiden Name, Katie D. Platt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm C Miles Jr
9. Father's Occupation Stove Mounter & Foundryman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnich

Address, 300 Leadenhall Street.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970000303

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 11th, 1897
4. *Place of Birth, (Street and Number)* 166 old York Road
5. *Full Name of Mother,* Sabina Summers Sloan
6. *Mother's Maiden Name,* Prince
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Richard Sloan
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano

Address, 2020 N. Charles St.

Remarks,

1 8 9 7 0 0 0 0 3 0 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 80207

GIVEN NAME ADDED 2/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: HARRY HARRIS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 11 — 1897
4. *Place of Birth, (Street and Number)* 1321 McCulloney St
5. *Full Name of Mother,* Anny Harres
6. *Mother's Maiden Name,* Rosenfeld
7. *Mother's Birthplace,* Russia Suvalsk, State
8. *Full Name of Father,* Isek Harres
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Suvalsk State.

Name of Medical Attendant, or other person who makes this Return, H. Friedie, M.D.

Address, 143 N. Front St

Remarks,

8 4 7 0 0 0 0 3 0 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80208

GIVEN NAME ADDED 6/15/61

To the Office of Registrar of Vital Statistics, Board [redacted] Health, Baltimore City.

Name: Alma Schwaab

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) ~~[illegible]~~
3. Date of Birth, January 12/97
4. Place of Birth, (Street and Number) 1026 Sharp St. Balto Md
5. Full Name of Mother, Matilda Schwaab.
6. Mother's Maiden Name, " Koenicke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. F. C. Schwaab.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street

Remarks,

8970000306

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80 209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 13
4. *Place of Birth, (Street and Number)* 217 Scholars Hanover
5. *Full Name of Mother,* Mary H Pressley
6. *Mother's Maiden Name,* Mary Davis
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father* James Pressley
9. *Father's Occupation* Labor work
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Minnich

Address, 800 Leadenhall Street.

Remarks,

8 9 7 0 0 0 0 3 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 80 210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13th 1897
4. Place of Birth, (Street and Number) 716 Eastern Street
5. Full Name of Mother, Anna Katz
6. Mother's Maiden Name, Anna Kleber
7. Mother's Birthplace, Germany
8. Full Name of Father, William Katz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Rogan Midwife

Address, 1922 E. Fayette Street

Remarks,

8970000308

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every physician or midwife in attendance upon any birth shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14th January 1877

4. *Place of Birth, (Street and Number)* 1059 Harford Ave

5. *Full Name of Mother,* Annie Caldwell

6. *Mother's Maiden Name,* Annie Lauer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Caldwell

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Christiana Lauer

Address, 1059 Harford Ave

Remarks, 1877

8970000309

Wm. J. C. Dulany Co., City Printers and Stationers.

...ainst the full name of each child, (if any shall have ...n of its parents, the date and place of birth, and the ...ioner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...the manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...mother, the name, set forth as far as the same can be ascertained ...been conferred) its sex, color, the full name and occupation of its ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall become ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 80212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* datlan January 16 - 1897

4. *Place of Birth, (Street and Number)* 1144 w. Fayette St

5. *Full Name of Mother,* mary L.R. Smith

6. *Mother's Maiden Name,* mary L.R. Preston

7. *Mother's Birthplace,* Balt. md

8. *Full Name of Father,* Charles Smith

9. *Father's Occupation* Brakeman B. & O R R

10. *Father's Birthplace,* Balt md

Name of Medical Attendant, or other person who makes this Return, Wm Mundh

Address, 800 Leadenhall Street

Remarks,

1 8 9 7 0 0 0 0 3 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 80213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17th
4. Place of Birth, (Street and Number) Baltimore City 2539 E Eliver st
5. Full Name of Mother, Annie L Wooden
6. Mother's Maiden Name, Annie L Pugh
7. Mother's Birthplace, Rossville Baltimore County Maryland
8. Full Name of Father, Samuel G Wooden
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, Hilton ave near Townsend st

Remarks,

8970000003111

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 pl
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Jany 18/97
4. *Place of Birth, (Street and Number)*	1522 Retreat St.
5. *Full Name of Mother,*	Mrs Frank Steibel
6. *Mother's Maiden Name,*	Cecelia I. Mathias
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Frank Steibel
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	E A Smith M.D.
Address,	252 Penna. Ave.
Remarks,	

8 9 7 0 0 0 0 3 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth, and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
said schedule shall be delivered, duly signed by the
third day of each and every month to the office o

236.]

RETURN OF A BIRTH. 89215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 18th 1897
4. *Place of Birth, (Street and Number)* 1200 Orleans Street
5. *Full Name of Mother,* Rose Ufelder
6. *Mother's Maiden Name,* Rose Levy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* David Ufelder
9. *Father's Occupation* Dealer in grants
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Brown Midwife

Address, 1922 E Fayette Street

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970000313

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80216

CERTIFICATE CORRECTED 5-9-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Carlotta ~~Schreiber~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 18 1897
4. *Place of Birth, (Street and Number)* 124 Randall St
5. *Full Name of Mother,* Magdalena (Schreiber) Schreiber
6. *Mother's Maiden Name,* Harthauser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John David (Schreiber) Schreiber
9. *Father's Occupation* Foreman on B & O R.R.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnick

Address, 800 Leadenhall Street.

Remarks,

8 4 7 0 0 0 0 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth such as the same can be ascertained, the name of each child born alive, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Janry. 1897
4. *Place of Birth, (Street and Number)*	Park Heights Ave.
5. *Full Name of Mother,*	Mrs Harry Lilly
6. *Mother's Maiden Name,*	Grace Oles
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Harry Lilly
9. *Father's Occupation*	Market Gardner
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	25 E. Penna. Ave.
Remarks,	

8970000315

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 January 1897
4. *Place of Birth, (Street and Number)* 1120 Eutaw Street
5. *Full Name of Mother,* Mary E. Hauber
6. *Mother's Maiden Name,* Mary E. Franke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. Hauber
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1059 Hanford Ave

Remarks, 1897

8 9 7 0 0 0 0 3 1 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 811219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) Male, 1st child
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19th 1897.
4. Place of Birth, (Street and Number) 1828 Light St
5. Full Name of Mother, Mary E Carr
6. Mother's Maiden Name, " J Selvy.
7. Mother's Birthplace, Phila
8. Full Name of Father, Edw Carr
9. Father's Occupation Salesman
10. Father's Birthplace, Phila

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light St

Remarks, Young Twell.

8970000317

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th January
4. *Place of Birth, (Street and Number)* 804 N. Dallas Street
5. *Full Name of Mother,* Lena Teagler
6. *Mother's Maiden Name,* Lena Leuthe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Teagler
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Lauer

Address, 1059 Harford Ave

Remarks, 1897

8970000318

Wm. J. C. Dulany Co,. City Printers and Stationers.

All persons are required to report the birth of any child as soon as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 th.

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Jan. 20th, '97.
4. Place of Birth, (Street and Number) 704 E. Biddle St.
5. Full Name of Mother, Mrs. Ella Kelly
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, City
8. Full Name of Father, Harry Kelly
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Geo. H. Koppe

Address, 708 Fremont Ave

Remarks,

8970000319

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 811222

GIVEN NAME ADDED 12/14/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Esther Gertrude Beckman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 20, 97
4. Place of Birth, (Street and Number) 1102 Bonner
5. Full Name of Mother, Lillian Beckman
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Adolph Beckman
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Charles L. Buck M.D.

Address, 630 N. Fulton Ave.

Remarks,

1 8 9 7 0 0 0 0 3 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th of January
4. *Place of Birth, (Street and Number)* No 1228 Patapsco St
5. *Full Name of Mother,* Maggie Lehn
6. *Mother's Maiden Name,* Maggie Hasselbager
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew F. Lehn
9. *Father's Occupation* Candy maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Drs Münch

Address, 807 Leadenhall Street.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6477000003211

1

...month, and shall set forth such as the same can be ascertained, the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 20th
4. *Place of Birth, (Street and Number)* 920 Stanover St
5. *Full Name of Mother,* Katie Schmidt.
6. *Mother's Maiden Name,* Katie Martin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Albert Schmidt
9. *Father's Occupation* Cigar Manufacture
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnick

Address, 800 Leadenhall Street.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970000003222

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 80.125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th 1897
4. Place of Birth, (Street and Number) 1232 Hall St.
5. Full Name of Mother, Leona D D Lamm
6. Mother's Maiden Name, " Wild
7. Mother's Birthplace, Balto.
8. Full Name of Father, Lewis H. Lamm
9. Father's Occupation Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Eliza B Cooke

Address, 1828 Light St

Remarks, doing well.

8 9 7 0 0 0 0 3 2 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 day of January.
4. *Place of Birth, (Street and Number)* Baltimore Md. No 1393 Patapsco St.
5. *Full Name of Mother,* Mrs Katie Brandschu.
6. *Mother's Maiden Name,* Miss Katie Kemp.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr Harry A. Brandschu.
9. *Father's Occupation* Mapping Engineer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 W Lombard

Remarks,

8 9 7 0 0 0 0 3 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 80227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 21 — 1897
4. Place of Birth, (Street and Number) 203 Herrings Court
5. Full Name of Mother, Alma Seal
6. Mother's Maiden Name, Patterson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Washington Seal
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E Pratt St.

Remarks,

8970000325

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 21 1897
4. *Place of Birth, (Street and Number)* 1622 Elizabeth Lane
5. *Full Name of Mother,* Mary Elizabeth Switzer
6. *Mother's Maiden Name,* Mary Elizabeth Turner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr Robert Switzer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Donelson

Address,

Remarks, No 1712 Byrd st Baltimore

8 9 7 0 0 0 0 3 2 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 22nd
4. *Place of Birth, (Street and Number)* 520 Lake Street
5. *Full Name of Mother,* Josephine Smith
6. *Mother's Maiden Name,* Jackson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John H. Smith
9. *Father's Occupation*
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Day

Address, 2313 Division

Remarks,

8970000327

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22 nd '97
4. *Place of Birth, (Street and Number)* 1339 Hull St.
5. *Full Name of Mother,* Marie Reinhardt
6. *Mother's Maiden Name,* Boecker.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Franz Reinhardt
9. *Father's Occupation* Musician.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Amalie Boecker

Address, 1339 Hull St.

Remarks,

8970000328

Wm. J. C. Dulany Co., City Printers and Stationers.

...be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336.]

RETURN OF A BIRTH. 80231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 22nd 1897
4. *Place of Birth, (Street and Number)*	16 Barney St
5. *Full Name of Mother,*	Ellen Stevens
6. *Mother's Maiden Name,*	" Fredwell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harry Stevens
9. *Father's Occupation*	Machinists
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return,	Eliza Baptist
Address,	1520 Light St
Remarks,	doing well.

8 9 7 0 0 0 0 3 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1246.]

RETURN OF A BIRTH. 80232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 22nd 1897.
4. *Place of Birth, (Street and Number)*	1106 E Headenhall St.
5. *Full Name of Mother,*	Annie M. Lyngner
6. *Mother's Maiden Name,*	Wolf
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Francis J. Lyngner
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks.
Address,	1028 Light St.
Remarks,	doing well.

8 9 7 0 0 0 0 3 3 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Month, as shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80 233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* January 22nd
4. *Place of Birth, (Street and Number)* 327 Watt st
5. *Full Name of Mother,* Mrs Chas Harbach
6. *Mother's Maiden Name,* Kate Bolte
7. *Mother's Birthplace,* New York city N.Y.
8. *Full Name of Father,* Charles Harbach
9. *Father's Occupation* Chair framer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 21 Cross st.

Remarks,

8970000331

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) ~~White~~ female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22 1897

4. Place of Birth, (Street and Number) Eagle St # 2110

5. Full Name of Mother, Blanch E Smith

6. Mother's Maiden Name, Blanch E Bruce

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Smith

9. Father's Occupation Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Fuller

Address, # 1922 William Av

Remarks,

8970000332

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 22 th January 1897.
4. *Place of Birth, (Street and Number)* 313. Aisten Avenue.
5. *Full Name of Mother,* Babe Wolf.
6. *Mother's Maiden Name,* Babe Danckmann.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Blasius Wolf.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liesemann.

Address, 922 Elliott St.

Remarks,

8970000333

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 22 1897
4. *Place of Birth, (Street and Number)* 3125 Fiske Ave
5. *Full Name of Mother,* Kate Dixon
6. *Mother's Maiden Name,* Kate McDade
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Isaac Dixon
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Sharpe

Address, 124 Eastern Ave.

Remarks,

8970000334

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22 '97
4. Place of Birth, (Street and Number) 1145 Christian St
5. Full Name of Mother, Annie Reinhardt
6. Mother's Maiden Name, Annie Arold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Reinhardt
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ino B Kelly

Address, 122 Hikins Ave

Remarks,

8970000335

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22 '97
4. *Place of Birth, (Street and Number)* 1846 Hatt St
5. *Full Name of Mother,* Barbara Fink
6. *Mother's Maiden Name,* Barbara Boekel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nicolas J. Fink
9. *Father's Occupation* Undertaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. J. Telbert

Address, 1922 Thirteenth Ave

Remarks,

8970000336

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of January
4. *Place of Birth, (Street and Number)* 2726 O. Duncell St
5. *Full Name of Mother,* Rose Bulak.
6. *Mother's Maiden Name,* = Zuk.
7. *Mother's Birthplace,* Balto=
8. *Full Name of Father,* Peter Bulak.
9. *Father's Occupation* Laboln
10. *Father's Birthplace,* Balto =

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss.

Address, 612 S. Port St.

Remarks,

89700000337

Wm. J. C. Dulany Co,. City Printers and Stationers.

...tion of its parents, the date and place of birth; and the ...titioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...ctioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

...been entered its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commi... ...shall occur without the attendance of a physician or practitione... ...attendance upon the mother, immediately thereafter it shall b... ...child to report its birth to the Commissioner of Health, in the m... ...any such person or persons who shall hereafter fail to comply w... ...jected to the fine of ten (10) dollars for each offence, to be recov...

RETURN OF A BIRTH. 80240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 23th
4. *Place of Birth, (Street and Number)* 2715 Bernard Avenue
5. *Full Name of Mother,* Lillie Bernard
6. *Mother's Maiden Name,* Oswill
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Howard Bernard
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs C. Kaulatich

Address, 2839 N. Fulton Ave

Remarks,

8 9 7 0 0 0 0 3 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[235.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 23rd 1897.
4. *Place of Birth, (Street and Number)* 1444 N William St
5. *Full Name of Mother,* M. Pennington
6. *Mother's Maiden Name,* M. Caroline Wise
7. *Mother's Birthplace,* Pittsburg Pa.
8. *Full Name of Father,* Geo J. Pennington
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return, Celia Brooks

Address, 1828 Light St

Remarks, doing well

8970000339

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1

1. Sex, (state whether male or ~~female~~) 3 male.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, January 23
4. Place of Birth, (Street and Number) 1405 Eiaro. Stut
5. Full Name of Mother, Lizzie Bowuby
   Lizzie Wilkins
6. Mother's Maiden Name, Dorchester Co.
7. Mother's Birthplace, John R. Bowuby
8. Full Name of Father, Labor
9. Father's Occupation Dorchester Co.
10. Father's Birthplace, Dr Thomas H Brown
    Name of Medical Attendant, or other person who makes this Return, 1300 Division Street
    Address,
    Remarks,

8 4 7 0 0 0 0 3 4 C

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 23 (11.45 A. M.)
4. *Place of Birth, (Street and Number)* 2025 Windsor Street.
5. *Full Name of Mother,* Catherine Elizabeth Cavan
6. *Mother's Maiden Name,* Bühl.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William Joseph Cavan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* N. New Jersey.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kane / for the

Address, Mothers Relief Society / 1412 Indiana Ave.

Remarks,

8970000341

(Section) ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 80244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Boy

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 23 Ten January 1897

4. *Place of Birth, (Street and Number)* 238 St. Frederick Ave 217

5. *Full Name of Mother,* Anna Mamasz

6. *Mother's Maiden Name,* Hammer

7. *Mother's Birthplace,* Prof Deynort

8. *Full Name of Father,* William Mamasz

9. *Father's Occupation* Dumper

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Anna Bauchelt

Address,

Remarks,

8970000342

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-8-56

RETURN OF A BIRTH. 80245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna May ~~Eckhardt~~ Eckhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th Jan 97
4. Place of Birth, (Street and Number) 419 Stockholm St
5. Full Name of Mother, Sara ~~Ehert~~ Eckhardt
6. Mother's Maiden Name, " Lily
7. Mother's Birthplace, Balto
8. Full Name of Father, Howard ~~Ehert~~ Eckhardt
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yarrell

Address, 651 E. Fort Ave

Remarks,

1 8 9 7 0 0 0 0 3 4 3

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 24 (12 A. M.)
4. *Place of Birth, (Street and Number)* 731 Ramsey Street
5. *Full Name of Mother,* Margarethe Keimig
6. *Mother's Maiden Name,* Berlein
7. *Mother's Birthplace,* Neustadt a. Kirch - Bavaria - Germany
8. *Full Name of Father,* Peter Keimig
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Aschaffenburg - Bavaria - Germany

Name of Medical Attendant, or other person who makes this Return, Frau M. Kanne (for the

Address, Mothers Relief Society 1412 Eutaw Place

Remarks,

8970000344

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 80247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* January 21 1897.
4. *Place of Birth, (Street and Number)* 1840 Vine Street.
5. *Full Name of Mother,* Sarah Dodson.
6. *Mother's Maiden Name,* Smith.
7. *Mother's Birthplace,* S. S. Co Md.
8. *Full Name of Father,* Edward Dodson.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* S. S Co Md

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1129 Saratoga St. Baltimore Md

Remarks,

8 y 7 0 0 0 0 3 4 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 24th 1897
4. *Place of Birth, (Street and Number)* 21 Panter Court.
5. *Full Name of Mother,* Mrs. Kate Heier
6. *Mother's Maiden Name,* Kate Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis C. Heier
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mc Sherry Dabney M.D.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8970000003466

Wm. J. C. Dulany Co., City Printers and Stationers.

...ing the full name of each child, the date of birth; and the ...upation of its parents, the date and place of birth; and the ...ractitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practicer of midwifery, or should no other person be in ...r it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practiti... third day of each and every month to the office of the Co... shall occur without the attendance of a physician or pract... attendance upon the mother, immediately thereafter it sh... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be re...

6.]

GIVEN NAME ADDED 10-1-58

RETURN OF A BIRTH. 80249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Franklin ~~Williams~~ Williams 6.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 24, 1897.
4. Place of Birth, (Street and Number) 406 W. 23d St.
5. Full Name of Mother, Emma Virginia Williams.
6. Mother's Maiden Name, Burns.
7. Mother's Birthplace, Md.
8. Full Name of Father, William F. Williams.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970000347

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. #0250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male — Philip Edward A.E.O. 3/9/97
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th January 1897
4. Place of Birth, (Street and Number) 1064 Forrest Place
5. Full Name of Mother, Catherine Baltazia Kernan
6. Mother's Maiden Name, Catherine Baltazia Fitzgerald
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Philip Kernan
9. Father's Occupation Clerk A.B. Ry Co
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Christina Lauer

Address, 1059 Harford Ave

Remarks, 1897

8970000003 48

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 21st 1897
4. *Place of Birth, (Street and Number)*	1633 N. Gilmor St.
5. *Full Name of Mother,*	Mrs Chas. Wells Isabella M. Armstrong
6. *Mother's Maiden Name,*	Baetz. Md.
7. *Mother's Birthplace,*	Chas. Wells
8. *Full Name of Father,*	Plumper
9. *Father's Occupation*	Talbot Co. Md.
10. *Father's Birthplace,*	E. A. Smith M.D.
Name of Medical Attendant, or other person who makes this Return,	2531 Penna. Ave
Address,	6 mo. 3 wks child died in 9 hrs
Remarks,	

The certificate shall be delivered, duly signed by the physician or other person in charge, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 80251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Jany. 2d 1897
4. *Place of Birth, (Street and Number)*	1633 N. Gilmor St.
5. *Full Name of Mother,*	Mc Lelas Willis
6. *Mother's Maiden Name,*	Isabella M. Swatson
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. Willis
9. *Father's Occupation*	Plumper
10. *Father's Birthplace,*	Talbot Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Ed Smith M.D.
Address,	2539 Penna. Ave
Remarks,	6 mo. Twin Child died on 9th

8 9 7 0 0 0 0 3 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24th 1897
4. Place of Birth, (Street and Number) 1736 Eastern ave.
5. Full Name of Mother, Rala Goldstein
6. Mother's Maiden Name, Rala Albert
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Goldstein
9. Father's Occupation Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Fainsberg

Address, 25 Lloyd St

Remarks,

8970000350

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Baby Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27
4. *Place of Birth, (Street and Number)* Thames Ste. 1604
5. *Full Name of Mother,* Lenie Silaty
6. *Mother's Maiden Name,* Reider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Silaty
9. *Father's Occupation* Boarding-House
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mary Pretti

Address, 838 S. Bond Ste. Baltimore Maryland City

Remarks,

8970000351

ation of its parents, the date and place of birth; and the
ician or Midwife, the full name and occupation of the
ctitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the person in
third day of each and every month to the office or practitioner of midwifery, or should no other person of such
shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and
attendance upon the mother, immediately thereafter it shall be the duty of the midwife, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and wittsions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of January 97.
4. *Place of Birth, (Street and Number)* 1826 W Lombard St
5. *Full Name of Mother,* Louise Mc Galgan
6. *Mother's Maiden Name,* Louise Fleming
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Arthur Mc Galgan
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 W Pratt St

Remarks,

8970000352

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 25
4. *Place of Birth, (Street and Number)* Place Ann 8 E S
5. *Full Name of Mother,* Dora Voutrala
6. *Mother's Maiden Name,* " Tanshack
7. *Mother's Birthplace,* Poland
8. *Full Name of Father* Kasmir Voutrala
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Mentza

Address, 602 S. Wood St

Remarks,

8 7 7 0 0 0 0 3 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 25, 1897.
4. Place of Birth, (Street and Number) 906 Second ave.
5. Full Name of Mother, Hannah V. Thompson.
6. Mother's Maiden Name, Disney.
7. Mother's Birthplace, Md.
8. Full Name of Father, Albert W. Thompson.
9. Father's Occupation Waterman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 2910 Chestnut ave.

Remarks,

8 7 7 0 0 0 0 3 5 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

...the full name of each child, (if any shall have ...ts parents, the date and place of birth; and the ...in the form of a certificate between the first and ...ssioner of Health. In case the birth of any child ...of midwifery, or should no other person be in ...become the duty of the person or parents of such ...anner and within the period above required, and ...with the provisions of this section shall be sub-...red as other fines and forfeitures are recoverable.

one

RETURN OF A BIRTH. 80257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emily ~~Matilda~~ Ray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 25 '97
4. Place of Birth, (Street and Number) 1514 Mt Royal ave.
5. Full Name of Mother, Alice Leontine Ray
6. Mother's Maiden Name, " " Bayly
7. Mother's Birthplace, St Louis Mo.
8. Full Name of Father, John Franklin Ray
9. Father's Occupation Dr
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Geo Ellen M.D.

Address, 1516 Mt Royal ave

Remarks,

1897 0000355

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 809 Biddle ally
4. *Place of Birth, (Street and Number)* Born January 25
5. *Full Name of Mother* Margert Down
6. *Mother's Maiden Name,* Margaret Smith
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* Samel Smith
9. *Father's Occupation* labor
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mary an Mason

Address, 537 Walnut all

Remarks, Balto MD

8 9 7 0 0 0 0 3 5 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Jan. 25th 1897
4. *Place of Birth, (Street and Number)* 2315 N. Caroline St. Balto. Md.
5. *Full Name of Mother,* Henrietta Johnson
6. *Mother's Maiden Name,* Henrietta J. Morris
7. *Mother's Birthplace,* St. Mikels
8. *Full Name of Father,* James H. Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Annapolis Md.

Name of Medical Attendant, or other person who makes this Return 1757 E. Mullin St.

Address, Georgianna Brooks

Remarks, This is the full content

18970000357

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth, and the number of children which have been conferred upon the mother, and shall have been conferred, its sex, color, the full name and occupation of the father, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the mother, to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) (Girl) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 25th - 1897

4. Place of Birth, (Street and Number) 1205 Filbert.

5. Full Name of Mother, Mary Higgins

6. Mother's Maiden Name, Mary Hyde

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Michael Higgins

9. Father's Occupation Motorman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. S Kirk M.D

Address, 1219 Valley St.

Remarks, 8970000358

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 25-th
4. *Place of Birth, (Street and Number)* 1147 Carroll St
5. *Full Name of Mother,* Ida May Wright
6. *Mother's Maiden Name,* Ida May Coulson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Edwin Wright
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N Gren st

Remarks,

8 4 7 0 0 0 0 3 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...the practitioner in the form of a certificate between the first and ...ce of the Commissioner of Health. In case the birth of any child ...ian or practioner of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 25 1897
4. *Place of Birth, (Street and Number)* 1109 Bennett Pl
5. *Full Name of Mother,* Cooney Pokwell
6. *Mother's Maiden Name,* Cooney Hackles
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Daniel Pokwell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E Shayne

Address, 822 S Caton Ave.

Remarks,

1897 00000360

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	Jan 25th 1897
4. *Place of Birth, (Street and Number)*	1607 Lorman St
5. *Full Name of Mother,*	Maggie Underwood
6. *Mother's Maiden Name,*	Eichner
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Underwood
9. *Father's Occupation*	Car F Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Faulkner
Address,	1839 Baltimore St
Remarks,	

8 9 7 0 0 0 0 8 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable.

...ach Child, its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Co... ...shall occur without the attendance of a physician or practi... ...attendance upon the mother, immediately thereafter it sha... ...child to report its birth to the Commissioner of Health, in th... ...any such person or persons who shall hereafter fail to comp... ...jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 80264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Elvin Winfield Gough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec. 25 1897

4. Place of Birth, (Street and Number) 2609 Gait Ave.

5. Full Name of Mother, Anna Gough

6. Mother's Maiden Name, Anna Randall

7. Mother's Birthplace, Balt.

8. Full Name of Father, Robt Gough

9. Father's Occupation Car-maker

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Jane L. Shaum

Address, 920 Canton Ave.

Remarks,

8970000362

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Jan 26th 1897
4. Place of Birth, (Street and Number) 2824 O Donnell st
5. Full Name of Mother, Mary M. Mathaney
6. Mother's Maiden Name, Mary Mc Kubach
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel Mc Mathaney
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Anna Kubach Midwife

Address, 2838 Elliott, Balto.

Remarks,

8970000363

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 January
4. Place of Birth, (Street and Number) 1032 S Sharp st
5. Full Name of Mother, Mary Rebecca Kochlein
6. Mother's Maiden Name, Gerhold
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Wm H Kochlein
9. Father's Occupation Coal dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 W Cross st

Remarks,

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 0 3 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 26/96

4. *Place of Birth, (Street and Number)* No 536 N Chester Str

5. *Full Name of Mother,* Emmy Luther

6. *Mother's Maiden Name,* Statt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Luther

9. *Father's Occupation* Merchant

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument Str

Remarks,

8970000000365

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 26, 1897
4. Place of Birth, (Street and Number) Relay Baltimore
5. Full Name of Mother, Sara Anna De Witt
6. Mother's Maiden Name, Sara Anna McNeill
7. Mother's Birthplace, Newark New Jersey
8. Full Name of Father, Robert Lee De Witt
9. Father's Occupation Merchant
10. Father's Birthplace, Columbus, Ga.

Name of Medical Attendant, or other person who makes this Return, Flora A. Brewster M. D.

Address, 1221 Madison Avenue

Remarks,

8970000366

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 26 H 1877
4. *Place of Birth, (Street and Number)* Baltimore No 319 S Howard St
5. *Full Name of Mother,* Harry J Gilbert
6. *Mother's Maiden Name,* Mary J Stewart
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Andrew Gilbert
9. *Father's Occupation* Common Labor
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Mr Harry Makell

Address, No 11 York St Balto City

Remarks, Aunt Wilmore
319 S. Howard city

8 9 7 0 0 0 0 3 6 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Jan 26th 1897
4. *Place of Birth, (Street and Number)* 2906 Elliott
5. *Full Name of Mother,* Cineia Geiger Pohlmann
6. *Mother's Maiden Name,* Cineia Geiger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Pohlmann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Anna Kubach Midwife

Address, 2838 Ellicott st Balto

Remarks,

8970000368

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 80271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 26 1897
4. Place of Birth, (Street and Number) 245 S. Wolfe St.
5. Full Name of Mother, Margretha Balling
6. Mother's Maiden Name, Goetz
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Balling
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1429 E. Pratt St.

Remarks,

8970000369

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 80272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1te

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 January 1897
4. Place of Birth, (Street and Number) Baltimore Borsen St 110
5. Full Name of Mother, Anna ~~Hute~~ Miller
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Wiesenbach Germany
8. Full Name of Father, Peter Miller
9. Father's Occupation Brewer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Anna Bauhoff

Address,

Remarks,

8970000370

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 26 97
4. *Place of Birth, (Street and Number)* 9 Fairview Ave
5. *Full Name of Mother,* Amelia L Dixon
6. *Mother's Maiden Name,* Amelia Genthel
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Wm T. Dixon
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Howard Co Md.

Name of Medical Attendant, or other person who makes this Return, Thos L Kelly

Address, 1911 Dukeland St

Remarks,

8 9 7 0 0 0 0 3 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 26 of January
4. *Place of Birth, (Street and Number)* 2025 Canton Avenue
5. *Full Name of Mother,* Anna Krafford
6. *Mother's Maiden Name,* = Geis.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Krafford.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss.

Address, 613 S. Port St.

Remarks,

8 4 7 0 0 0 0 3 7 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec - 26 - 95

4. *Place of Birth, (Street and Number)* 711 Lund Boyd,

5. *Full Name of Mother,* Lucia Lomas

6. *Mother's Maiden Name,* Lomas

7. *Mother's Birthplace,* Md -

8. *Full Name of Father,*

9. *Father's Occupation* { unknown.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, O Humphrey M.D.

Address, 711 Lund. Boyd

Remarks,

8970000373

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This Schedule must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 3th 1899

4. *Place of Birth, (Street and Number)* 1210 Bath St

5. *Full Name of Mother,* Nettie Thompson

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr J H Connor

Address, Maternité 113 & 115 W. Lombard St

Remarks,

8970000374

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Jan. 12-97.
4. *Place of Birth, (Street and Number)* Md Gen'l Hosp.
5. *Full Name of Mother,* Mary Seward Jones.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,*
9. *Father's Occupation* Mulatto
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, O. A. Lumpkin M.D.

Address, Md Gen'l Hosp.

Remarks,

8 9 7 0 0 0 0 3 7 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred in the family of each householder during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 14th 1897
4. *Place of Birth, (Street and Number)*	559 Orchard St
5. *Full Name of Mother,*	Mrs Mason
6. *Mother's Maiden Name,*	Md
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Dr J. H. O'Connor
Address,	Maternité 113 & 115 N. Lombard St
Remarks,	

8970000376

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 80279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14 1897
4. Place of Birth, (Street and Number) 242 S. High St
5. Full Name of Mother, Mrs Jennie Friedlander
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father,
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr J. H. Connor

Address, Maternité 113 & 115 W. Lombard St

Remarks,

8970000377

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth, and shall enter the same on blanks furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Male Name Clarence Woolford
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 22nd 1897
4. *Place of Birth, (Street and Number)* 1713 McCulloh St.
5. *Full Name of Mother,* Annie Woolford
6. *Mother's Maiden Name,* ..
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unfortunate Child
9. *Father's Occupation* ..
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return, Dr. McDaniel Md.

Address, John Hopkins Hospital. Baltimore, Md.

Remarks, ..

1 8 9 7 0 0 0 0 3 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Jan - 22 - 97 -
4. *Place of Birth, (Street and Number)* 2nd Street Wharf -
5. *Full Name of Mother,* Julia Hunt
6. *Mother's Maiden Name,* Jones -
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, C. A. Longstreet

Address, 2nd East Wharf -

Remarks,

8970000379

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colt.
3. Date of Birth, Jan-25-97-
4. Place of Birth, (Street and Number) Mt S Grace Hosp'l
5. Full Name of Mother, Julia Ramp,
6. Mother's Maiden Name, Ramp
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation } Unknown
10. Father's Birthplace, }

Name of Medical Attendant, or other person who makes this Return, O. O. Compston M.D.

Address, Mt S Grace Hosp

Remarks,

8970000380

Wm. J. C. Dulany Co,. City Printers and Stationers.

Notice.—The Sex, Color, Date and Place of Birth, as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 26th 1897
4. Place of Birth, (Street and Number) 1131 Rogers Ave
5. Full Name of Mother, Ruth Wilmore
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr J. F. O'Connor

Address, Maternité 113 & 115 N. Lombard St.

Remarks,

8970000381

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colr
3. Date of Birth, Dec 29-97-
4. Place of Birth, (Street and Number) 203 Hill Ave
5. Full Name of Mother, Eliza Jones
6. Mother's Maiden Name, Sands
7. Mother's Birthplace, Va.
8. Full Name of Father, }
9. Father's Occupation } Unk
10. Father's Birthplace, }

Name of Medical Attendant, or other person who makes this Return, O O Lemmon M.D.

Address, 203 Hill Ave

Remarks,

18970000382

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80 285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27th 189[illegible]
4. *Place of Birth, (Street and Number)* Hanover, Corner Schutzen Park
5. *Full Name of Mother,* Mrs Rosa Rheinhart
6. *Mother's Maiden Name,* Rosa Allen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Rheinhart
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. J. Dehaven M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8 9 7 0 0 0 0 3 8 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Com
practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
h, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in th
comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be re
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the Eight Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27. 1897
4. Place of Birth, (Street and Number) Balto. Levant Point Towson Street 1413
5. Full Name of Mother, Mary Roach
6. Mother's Maiden Name, Mary Myer
7. Mother's Birthplace, Germany
8. Full Name of Father, Dominick Roach
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Margaretta Ettle

Address, 1619 Cuba Street Locust Point Balto

Remarks,

18970000384

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 dr

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27th 1897
4. *Place of Birth, (Street and Number)* No 57 Belair Ave
5. *Full Name of Mother,* Kate Butzbower
6. *Mother's Maiden Name,* Kate Bartlip
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm J. Butzbower
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No 7 Mine Bank Lane

Remarks, None

8 9 7 0 0 0 0 3 8 5

Wm J. C. Dulany Co., City Printers and Stationers.

35.]

RETURN OF A BIRTH. 80288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 27th 1897

4. Place of Birth, (Street and Number) 108 N. Randall St.

5. Full Name of Mother, Ellen Lenhoff

6. Mother's Maiden Name, Reifs

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas Lenhoff

9. Father's Occupation Conductor on B & O.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 527 Light St

Remarks, doing well.

8970000386

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. 80289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Male 2nd child

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* January 27th 1897

4. *Place of Birth, (Street and Number)* 112 N. Fremont St.

5. *Full Name of Mother,* Lalina Campbell

6. *Mother's Maiden Name,* " Hall.

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Robert Campbell

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Phila Pa.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks.

Address, 1828 Light St.

Remarks, doing well.

8970000387

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Jan 27 / 97
4. *Place of Birth, (Street and Number)* 713 W Lafayette Ave
5. *Full Name of Mother,* Rosalie Wittenberg
6. *Mother's Maiden Name,* " Isrty
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Louis G. Wittenberg
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Dr. W. Rumsey

Address, 315 W Monument St.

Remarks,

1897 0 0 0 3 8 8

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 27, (12.10 A. M.).
4. *Place of Birth, (Street and Number)* 1556 Ridgle Street near Druid Hill Park
5. *Full Name of Mother,* Margarethe Röhrle
6. *Mother's Maiden Name,* Rausch
7. *Mother's Birthplace,* Blankenfels near Bayreuth - Germany
8. *Full Name of Father,* Christian Carl Röhrle
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Faxhausen - Wurtemberg - Germany

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune

Address, 1712 Eutaw Place.

Remarks,

8 9 7 0 0 0 0 3 8 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 27th January 1897
4. *Place of Birth, (Street and Number)* 2633 Franklin st
5. *Full Name of Mother,* Mrs Pindel
6. *Mother's Maiden Name,* Miss Smidt
7. *Mother's Birthplace,* Born Baltimore
8. *Full Name of Father,* Mr Harry Pindel
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 Mc'n Henry

Remarks,

8970000003900

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, July 27/97
4. Place of Birth, (Street and Number) 323 N. 28th St.
5. Full Name of Mother, Mrs Olf Johnson
6. Mother's Maiden Name, Christina Spatt
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Olf Johnson
9. Father's Occupation Bricklayer
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave.

Remarks, Contracted pelvis, shoulder presentation. Delivered by Podalic Version, resuscitated after about 20 min. all others dead born, one Craniotomy

8 9 7 0 0 0 0 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

(Penalty for omitting to report) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 27 - 97
4. *Place of Birth, (Street and Number)*	1504 Baker st
5. *Full Name of Mother,*	Mattie E. Cordray
6. *Mother's Maiden Name,*	" " Linch
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Felix B. Cordray
9. *Father's Occupation*	R.R. Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	L. Ehrey
Address,	2470 W. Fayette
Remarks,	

1 8 9 7 0 0 0 0 3 9 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born Jan 27th 1897
4. *Place of Birth, (Street and Number)* 209 Orleans St. Baltimore City.
5. *Full Name of Mother,* Dora Hess
6. *Mother's Maiden Name,* Dora Gillon
7. *Mother's Birthplace,* Clinton North Carolina.
8. *Full Name of Father,* George W. Hess
9. *Father's Occupation* Hod. carrier
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Georgiana Brooks

Address 1757 E. Fallsway

Remarks, This is the full contents

8970000393

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Jan 7th 97
4. *Place of Birth, (Street and Number)* City 722 Stockton st
5. *Full Name of Mother,* mary Brooks
6. *Mother's Maiden Name,* mary arthur
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* Joseph Brooks
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Anne Arundel Co

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1420 Bruce st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8 9 7 0 0 0 0 3 9 4

RETURN OF A BIRTH. 80297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 25/97

4. *Place of Birth, (Street and Number)* No. 111 S. Wolfe Str.

5. *Full Name of Mother,* Minnie Thomas

6. *Mother's Maiden Name,* Prouty

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Morris Thomas

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No. 1907 E. Monument Str

Remarks,

8 9 7 0 0 0 0 3 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac-
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the

RETURN OF A BIRTH. 80298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* — " —

3. *Date of Birth,* Jan 28/ 97

4. *Place of Birth, (Street and Number)* No/ 835 Ashland ave

5. *Full Name of Mother,* Mary F. Mehrbrie

6. *Mother's Maiden Name,* Bates

7. *Mother's Birthplace,* P.a.

8. *Full Name of Father,* Ambrus Mehrbrie

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No/ 1907 E Monument Str

Remarks,

8970000003396

said schedule shall be delivered, duly signed by the physician or midwife, or other person in attendance upon the mother, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 D January 1872
4. Place of Birth, (Street and Number) No 1405 Andrew St. Louis & Pond
5. Full Name of Mother, Katie Schaumberg
6. Mother's Maiden Name, V Schäfer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schaumberg
9. Father's Occupation Soldier
10. Father's Birthplace, Baltimo

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffer

Address, No 1202 E Fair & Ave L C

Remarks,

8970000397

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 81300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Boy

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* 28th January 1897

4. *Place of Birth, (Street and Number)* No 216 Payson st

5. *Full Name of Mother,* Mrs. Mary Clopheim

6. *Mother's Maiden Name,* Miss Mary Gordon

7. *Mother's Birthplace,* Born Baltimore

8. *Full Name of Father,* Mr Peter Clopheim

9. *Father's Occupation* Hair Fractory

10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, No 2008 Mc. Henry st

Remarks,

8 7 7 0 0 0 0 3 9 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as to the same the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of the Commissioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 January
4. *Place of Birth, (Street and Number)* 722 E Baltimore Str.
5. *Full Name of Mother,* Rosie Horasky (Krinsk) Krinsk
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Audrey Horasky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return Mary Pratt.

Address, 838 S. Bond Str. Baltimore Md.

Remarks, City.

18970000399

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28th 97
4. Place of Birth, (Street and Number) 107 N. Front
5. Full Name of Mother, Minnie D. Freeman
6. Mother's Maiden Name, Minnie Stanalonz
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Freeman
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. W. B. Burns M.D.

Address, 511 Hanover St

Remarks,

8 9 7 0 0 0 0 0 4 0 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health, and shall set forth as far as the same can be ascertained the full name of each child born alive, and the month, and shall set forth as far as the same can be ascertained the full name of each child born alive, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 7/26/11

RETURN OF A BIRTH. 80303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GERTRUDE ~~LOUISE~~ HOTTES

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 January, 1897
4. *Place of Birth, (Street and Number)* 1326 N Caroline St
5. *Full Name of Mother,* Julia Holle
6. *Mother's Maiden Name,* Buhl
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. Hotte
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm R Miller

Address, 1202 E Lexington

Remarks, Jan 28 1897
Dr. C. H. Jones

1897 0 0 0 0 4 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...month, and year of the birth of each child, the full name and occupation ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Co... ...shall occur without the attendance of a physician or pract... ...attendance upon the mother, immediately thereafter it sha... ...child to report its birth to the Commissioner of Health, in t... ...any such person or persons who shall hereafter fail to com... ...jected to the fine of ten (10) dollars for each offence, to be re...

...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub... ...o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 January
4. *Place of Birth, (Street and Number)* 511 Fayette Street
5. *Full Name of Mother,* Annie Schmidt
6. *Mother's Maiden Name,* Tabert
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Jacob Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs E. Wiley

Address, 1302 E Lexington

Remarks,

8 9 7 0 0 0 0 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Reg. No. This schedule shall contain a list of all births occurring within the limits of the City of Baltimore, and the same shall be ascertained the full name of each child born, the sex, color, the date and place of birth; and the Health. This schedule shall contain the full name of each child born, the sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~for~~ 13
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	28 Januar.
4. *Place of Birth, (Street and Number)*	1381 Hull St.
5. *Full Name of Mother,*	Magr. Friedrichen.
6. *Mother's Maiden Name,*	" Jusen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred. A. Friedrichen
9. *Father's Occupation,*	Grocery.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. J. Wyman
Address,	1331 Hull St. Locust Point.
Remarks,	1st Birth.

8 9 7 0 0 0 0 4 0 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 5-13-58

RETURN OF A BIRTH. 80306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Dachstager

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Jan 28, 1897
4. Place of Birth, (Street and Number) 17 East Ave. Baltimore Md.
5. Full Name of Mother, Rachel Dachstager
6. Mother's Maiden Name,
7. Mother's Birthplace, Austrian
8. Full Name of Father, Bennie Dachstager
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barker

Address, 1418 E Lombard Street Balto

Remarks,

8970000404

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 28 d January
4. *Place of Birth, (Street and Number)* Baltimore 1709 Gwilym
5. *Full Name of Mother,* Sheeta Waters
6. *Mother's Maiden Name,* Sheeta Ferguson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Waters
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 623 South Dallas Street

Remarks, Doing well as can be expected

8970000405

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 d Dec 1897
4. *Place of Birth, (Street and Number)* 123 Lanvale St
5. *Full Name of Mother,* Mary F McGinnis
6. *Mother's Maiden Name,* Baltimore Md
7. *Mother's Birthplace,* Ellicott City
8. *Full Name of Father,* Joseph F. McGinnis
9. *Father's Occupation* Foreman Saltzman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Cutler

Address, Signs M.D. Dr 2024 Eutaw

Remarks, Condition Not to good

8970000406

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

GIVEN NAME ADDED. 5-10-57

RETURN OF A BIRTH. 80309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hazel Grafton ~~Smith~~ Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th January 1897
4. *Place of Birth, (Street and Number)* 1563 North Central Ave
5. *Full Name of Mother,* Minnie A Smith
6. *Mother's Maiden Name,* Bursell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Smith
9. *Father's Occupation* Hatter B
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A McNeill

Address, 1488 Bond St

Remarks,

8970000407

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 12-17-56

RETURN OF A BIRTH. 80310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Block

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 28th 1897
4. Place of Birth, (Street and Number) #623 N. Wolff St.
5. Full Name of Mother, Emma Block.
6. Mother's Maiden Name, Parina
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Block.
9. Father's Occupation "Auction Business"
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, McKeDabney M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8970000004008

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as near as the same can be ascertained, the name of the child, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec. 28, 1897

4. *Place of Birth, (Street and Number)* 920 Carlton St.

5. *Full Name of Mother,* Ellen Hawkins

6. *Mother's Maiden Name,* Ellen Gaskins

7. *Mother's Birthplace,* Md. Co.

8. *Full Name of Father,* Darby Hawkins

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Isaac Drayton

Address, 920 Carlton St.

Remarks,

8 9 7 0 0 0 0 4 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 80312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 28 1897
4. *Place of Birth, (Street and Number)* 1903 Gough St.
5. *Full Name of Mother,* Louisa Rahmis
6. *Mother's Maiden Name,* Holland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Rahmis
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks,

1897000041 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Schedule shall contain a list of the names of all children born within the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28th 1897
4. *Place of Birth, (Street and Number)* 414 Pinkney Place
5. *Full Name of Mother,* Mary Virginia Lockhart
6. *Mother's Maiden Name,* Bibb
7. *Mother's Birthplace,* Johnstown
8. *Full Name of Father,* Hosteen
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Chas E Sadtler

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 7 0 0 0 0 4 1 1

Wm. J. C. Dulany Co., City Printers and Stationers

...mother, and, if the child be born at sea, the name of the master, or person acting as master, of the vessel upon board of which it was born; and the port to which such vessel belongs. The said certificate shall also state the number of children born to the mother, the number now living, the number born dead, the number of males, the number of females, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 29th 97
4. *Place of Birth, (Street and Number)* 632 N. Gilmor St
5. *Full Name of Mother,* Lizzie Oneill
6. *Mother's Maiden Name,* Lizzie Lamb
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward F. Oneill
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jno Ramsey.

Address, 711 N. Gilmor St.

Remarks,

8 9 7 0 0 0 0 4 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy and Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 29/97
4. *Place of Birth, (Street and Number)* 1727 Easter Ave.
5. *Full Name of Mother,* Louisa Singley
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Singley
9. *Father's Occupation* Milk Dairy
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dissenhofer

Address, 241 S. Washington Ave

Remarks,

8970000413

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th child

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29. 1897. City
4. Place of Birth, (Street and Number) 20 Guilford. alley.
5. Full Name of Mother, Katie Bennet
6. Mother's Maiden Name, Katie Agner.
7. Mother's Birthplace, Baltimore. M. D.
8. Full Name of Father, John Bennet.
9. Father's Occupation Labor.
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Drs. Ann Taylor.

Address, 41 Guilford Alley City

Remarks, Well.

8971 U 0000414

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29 "97
4. *Place of Birth, (Street and Number)* 14 Lehman St
5. *Full Name of Mother,* Mary Kuhl
6. *Mother's Maiden Name,* Mary A Schert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis J Kuhl
9. *Father's Occupation* Steam Pipe fitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm J Kelly

Address, 1922 Fulton Avenue

Remarks,

8970000415

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 80318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan: 29 — 1899
4. Place of Birth, (Street and Number) 2033 Canton Ave.
5. Full Name of Mother, Annie Grauling
6. Mother's Maiden Name, Fink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrich Grauling
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks,

8970000416

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This section does not contain a list of the births which have occurred in each month, but shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 29th
4. *Place of Birth, (Street and Number)* 610 Hamburg St
5. *Full Name of Mother,* Maggie Wetters
6. *Mother's Maiden Name,* Maggie Grames
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Wetters
9. *Father's Occupation* varnisher
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross st.

Remarks,

8970000417

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29th 1897
4. *Place of Birth, (Street and Number)* 211 Duncan alley
5. *Full Name of Mother,* Barbara Navarth
6. *Mother's Maiden Name,* Bohemann
7. *Mother's Birthplace,* Frank Navarth
8. *Full Name of Father,* Steredar
9. *Father's Occupation* Bohemian
10. *Father's Birthplace,* Mary Kapsta

Name of Medical Attendant, or other person who makes this Return,

Address, 205 N Washington Ave

Remarks,

8970000418

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 January
4. *Place of Birth, (Street and Number)* 1769 ~~Lexington~~ S. Thames Sts.
5. *Full Name of Mother,* Mary Karasinsky
6. *Mother's Maiden Name,* Kanicky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Karasinsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond Stt

Remarks, Balto. Md. City.

8970000419

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 29 '97
4. *Place of Birth, (Street and Number)* Vanderhorst St Same
5. *Full Name of Mother,* Martha Rothstein
6. *Mother's Maiden Name,* " Stumbe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Paul Rothstein
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8970000420

Wm. J. C. Dulany Co,. City Printers and Stationers.

Record [illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Jan. 27. 11.5 A. M. 1877.
4. Place of Birth, (Street and Number) #533 Eutaw St
5. Full Name of Mother, Mary ~~Ridgley~~ Howard
6. Mother's Maiden Name, Mary Ridgley Howard
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thos. Leland Mayden
9. Father's Occupation Laborer
10. Father's Birthplace, Richmond Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mary Day

Address, 231 ~ Division st

Remarks,

1 8 9 7 0 0 0 0 4 2 1

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) -3-

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the ~~white~~ race)* colored
3. *Date of Birth,* Jan 29 at 20 minuets of 6 a.m
4. *Place of Birth, (Street and Number)* 1733 Mc Culloh street
5. *Full Name of Mother,* Lizzie Kenny
6. *Mother's Maiden Name,* ~~-~~ - Butler
7. *Mother's Birthplace,* Kingswilliams C.O. Va.
8. *Full Name of Father,* Ebaniel Kenny
9. *Father's Occupation* waiter
10. *Father's Birthplace,* Elesebeth city North carolina

Name of Medical Attendant, or other person who makes this Return, Josephine-Amos-Cooper

Address, 921 Shute shell

Remarks, both are well

Balto city Md

8 7 1 0 0 0 0 4 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 80325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 29 1897
4. Place of Birth, (Street and Number) 809 Miles St.
5. Full Name of Mother, Maria Torbette
6. Mother's Maiden Name, Vido
7. Mother's Birthplace, Italia
8. Full Name of Father, Frank Torbette
9. Father's Occupation Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

8970000423

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 29 1897
4. *Place of Birth, (Street and Number)* 813 Sterling St
5. *Full Name of Mother,* Mrs Josephine Robinson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* md
8. *Full Name of Father,* Charles Robinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* md

Name of Medical Attendant, or other person who makes this Return, Dr J. F. Clemens

Address, Maternite 1137 1/2 W. Lombard St

Remarks,

8970000424

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 30th Jan 97

4. *Place of Birth, (Street and Number)* 722 E. Fort Ave

5. *Full Name of Mother,* Lena Herwig

6. *Mother's Maiden Name,* " Geissler

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry Herwig

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yewell

Address, 650 E. Fort Ave

Remarks,

1897 00000425

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Girl

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 30th 1897
4. *Place of Birth, (Street and Number)* 1715 Passonar Alley
5. *Full Name of Mother,* Mrs Mary Edelen
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Perry Edelen
9. *Father's Occupation,* Oyster Opener
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Posey

Address, 18 S Lamb St

Remarks,

8970000426

Wm J. C. Dulany Co., City Printers and Stationers.

Every person in charge of any institution, public or private, and every physician, midwife, or other person who shall have been in attendance upon the mother, at the birth of any child, or any person who shall have been present at the birth of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

NAME CHANGED BY COURT ORDER 1-6-59

RETURN OF A BIRTH. 80329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Albert ~~Bodie~~ 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 30th 1897
4. Place of Birth, (Street and Number) 401 E. Paca St.
5. Full Name of Mother, Anna Polaschek
6. Mother's Maiden Name, " Hell
7. Mother's Birthplace, Hungary
8. Full Name of Father, John Polaschek
9. Father's Occupation Laborer
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Return Made by Father - Wife attended by a Neighboring woman + Record Made [illegible]

8 1 0 0 0 0 4 2 7

Lawrence F. Flick, M.D.
Comm. of Health

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 80330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida M. Delano

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 t

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30. of January 1897.
4. Place of Birth, (Street and Number) 100 Patterson Park-Ave
5. Full Name of Mother, Ida Delano
6. Mother's Maiden Name, Ida Schneider) Snyder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, (Joseph) Delano
9. Father's Occupation Capetän
10. Father's Birthplace, Kent-County

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hill

Address, 207 N. Castle St.

Remarks,

8970000428

Wm. J. C. Dulany Co., City Printers and Stationers.

Should the above information be incorrect or the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 80331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 30th 1897
4. *Place of Birth, (Street and Number)*	3024 Northwest St.
5. *Full Name of Mother,*	Viola Gettier
6. *Mother's Maiden Name,*	Viola Cecil
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm. Eugene Gettier
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	J. A. Zepp M.D.
Address,	N. Elm. n. North Ave + 9th St.
Remarks,	

Health. This schedule shall contain the same can be ascertained the full name of each child born, and the month, and shall set forth as far as the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8970000429

RETURN OF A BIRTH. 80332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30 97
4. Place of Birth, (Street and Number) 246 S. Washington St.
5. Full Name of Mother, Augusta Herr
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. H. Herr
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S Washington ave

Remarks,

18970000430

been entered as sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 81333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 8th 1897.
4. *Place of Birth, (Street and Number)* 1215 (D) Gilliam St
5. *Full Name of Mother,* Magdaline Kull.
6. *Mother's Maiden Name,* Bopp
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Kull
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1205 Light St

Remarks, Living well.

8970000431

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 80334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* January 30th 1897.

4. *Place of Birth, (Street and Number)* 1258 Williams St.

5. *Full Name of Mother,* Sarah Fahey

6. *Mother's Maiden Name,* Cavanaugh

7. *Mother's Birthplace,* Balto Co Md.

8. *Full Name of Father,* John J. Fahey.

9. *Father's Occupation* Undertaker

10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1825 Light St

Remarks, doing well.

8 7 7 0 0 0 0 4 3 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...the same can be ascertained) the ...set forth as far as the same can be ascertained; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 30th 1897
4. *Place of Birth, (Street and Number)* 1424 Gilmore St.
5. *Full Name of Mother,* Alice Wilson
6. *Mother's Maiden Name,* Alice Wilkerson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Wilson
9. *Father's Occupation* Bar Baker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

18970000433

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30. 1897 1. AM
4. Place of Birth, (Street and Number) 1119 N Franklin St
5. Full Name of Mother, Emma Fox (Single)
6. Mother's Maiden Name, Emma Fox
7. Mother's Birthplace, Cruger Grove Md
8. Full Name of Father, Ernest Kinsey
9. Father's Occupation ?
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Louis M Eastman

Address, 772 N Fremont Ave

Remarks,

8970000434

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be as
been conferred) its sex, color, the full name and occup
said schedule shall be delivered, duly signed by the pr
third day of each and every month to the office of th
shall occur without the mother, immediately thereafter
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 30th 1897
4. Place of Birth, (Street and Number) 513 Middle alley
5. Full Name of Mother, Mrs Grace Washington
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Mr— Washington
9. Father's Occupation laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr J. H. O'Connor

Address, Maternite 113 & 115 N. Lombard St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 0 4 3 5

...e can be ascertained the full name of each child, (if any shall have ...e and occupation of its parents, the date and place of birth; and the ...d by the practitioner in the form of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...physician or practioner of midwifery, or should no other person be in ...hereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...ter fail to comply with the provisions of this section shall be sub- ...offence, to be recovered as other fines and forfeitures are recoverable.

...hould, and shall set forth as far as the same can ...been conferred) its sex, color, the full name and ...said schedule shall be delivered, duly signed by the ...third day of each and every month to the office ...shall occur without the attendance of a physician ...attendance upon the mother, immediately thereafter ...child to report its birth to the Commissioner of Health, ...any such person or persons who shall hereafter fail ...jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 80338

GIVEN NAME ADDED 2-14-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Chester

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 30. 1897.
4. Place of Birth, (Street and Number) No. 519 N. Wolfe st
5. Full Name of Mother, Mollie Moehlenrich
6. Mother's Maiden Name, Mollie Werner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Moehlenrich
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks,

8970000436

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th of June 1897
4. *Place of Birth, (Street and Number)* 1417 E. Fremont St.
5. *Full Name of Mother,* Hannah M. Corbin
6. *Mother's Maiden Name,* Hoffmann
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jos. B. Corbin
9. *Father's Occupation* Private Watchman
10. *Father's Birthplace,* Cleveland O.

Name of Medical Attendant, or other person who makes this Return, Margaret R. Mackenzie M. D.

Address, 1221 Madison Avenue, Baltimore

Remarks,

1897 0000437

Wm. J. C. Dulany Co., City Printers and Stationers

235.]

RETURN OF A BIRTH. 80341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 Jan
4. *Place of Birth, (Street and Number)* 1232 Darley Av Hamilton
5. *Full Name of Mother,* Katie C Reynolds
6. *Mother's Maiden Name,* Katie C. Welby
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Clements Reynolds
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carstan Co.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Gantmichrist

Address, 1407 E. Eager St.

Remarks,

8970000438

Wm. J. C. Dulany Co,. City Printers and Stationers.

...tained the full name of each child, (if any shall have ...n of its parents, the date and place of birth; and the ...ioner in the form of a certificate between the first and ...ommissioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...the manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

...mother, and shall set forth as far as the same can be ascertained ... been conferred; its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commis- ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ma- ... any such person or persons who shall hereafter fail to comply wi... jected to the fine of ten (10) dollars for each offence, to be recover...

1236 |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 20. 1897
4. *Place of Birth, (Street and Number)* 29 E York St.
5. *Full Name of Mother,* Mary Shatzkeelson
6. *Mother's Maiden Name,* Mary Deutsch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Tobrys Shatzkeelson
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm Rubinstein

Address, 105 W Barre St.

Remarks,

1 8 9 7 0 0 0 0 4 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80342

GIVEN NAME ADDED 1-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laura Marie Amos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jan 30th 1897
4. *Place of Birth, (Street and Number)* No 1602 Gilles Str
5. *Full Name of Mother,* Laura Amos
6. *Mother's Maiden Name,* Nukes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm D Amos
9. *Father's Occupation* Produce dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Evans

Address, No 1907 E Monument Str

Remarks,

8970000004400

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 811343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan. 31. / 6. ~~P~~ A. M.

4. *Place of Birth, (Street and Number)* 105 Addison Alley

5. *Full Name of Mother,* Sophie Beeker

6. *Mother's Maiden Name,* Holz

7. *Mother's Birthplace,* Nürnberg - Germany

8. *Full Name of Father,* Heinrich Beeker

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace,* Langst - Hessen Darmstadt - Germany

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaunz / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

| 8 9 7 0 0 0 0 4 4 1 |

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 31st 1892
4. *Place of Birth, (Street and Number)* 700 South Bond St
5. *Full Name of Mother,* Caroline Lerecht
6. *Mother's Maiden Name,* Caroline Schleicher
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* August Lerecht
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz Midwife

Address, 1539 Alice Anna St.

Remarks,

8 9 7 0 0 0 0 4 4 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Dec. 31 1897

4. *Place of Birth, (Street and Number)* 1905 Bryan St

5. *Full Name of Mother,* Barbara Reuter

6. *Mother's Maiden Name,* Barbara Reinhard

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Michael Reuter

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo. L. Dorsey

Address, 1220 Cleveland St

Remarks,

1 8 9 7 0 0 0 0 4 4 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-57

RETURN OF A BIRTH. 10346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Andrew William Ritz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jan 31 97
4. *Place of Birth, (Street and Number)* No. 1705 Ensor St.
5. *Full Name of Mother,* Johanna Ritz
6. *Mother's Maiden Name,* Reed
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Ritz
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No. 1907 E. Monument St.

Remarks,

1897 0 0 0 0 4 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 31st 1897
4. *Place of Birth, (Street and Number)* 28 E Williamson St
5. *Full Name of Mother,* Lora Hoffman
6. *Mother's Maiden Name,* Lora Denton
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Hoffman
9. *Father's Occupation* Lamplighter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Wünch

Address, 900 Leadenhall Street.

Remarks,

1897 00000445

been committed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 31 1897
4. *Place of Birth, (Street and Number)* 114 Broad Ave
5. *Full Name of Mother,* Annie E Smith Wright
6. *Mother's Maiden Name,* " " Billinge
7. *Mother's Birthplace,* Canada Nova Scotia
8. *Full Name of Father,* Foster
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 67 / 0000446

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C.

A NAME ADDED. 8-31-64 NAME: Ethel DORA Seh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 31 1897
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Alice Blum

Address,

Remarks,

67/0000447

Wm. J. C... Printer... Stationers.

RETURN OF A BIRTH. 80350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 January

4. Place of Birth, (Street and Number) 5008 Eastern Ave

5. Full Name of Mother, Annie Seegers Roth

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto

8. Full Name of Father, Douglas Seegers

9. Father's Occupation Baltc

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Lyddane

Address, 1302 E Lexington

Remarks,

8970000448

Health. This schedule shall be carefully filled out as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third [illegible] and every month to the office of the Commissioner of Health. In case the birth of any child shall [illegible] the attendance of a physician or practioner of midwifery, or should no other person be in attend[illegible] the mother, immediately thereafter it shall become the duty of the person or parents of such child [illegible] birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] person who shall thereafter fail to comply with the provisions of this section shall be sub- [illegible] person [illegible] ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guilany Co., City Printers and Stationers.

836.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31st 1897
4. Place of Birth, (Street and Number) 1128 Potapsco St.
5. Full Name of Mother, Katherine Lendig
6. Mother's Maiden Name, " Fink
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred Leidig
9. Father's Occupation Dairy
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1528 Light St

Remarks, Doing well.

8970000449

Wm. J. C. Dulany Co,. City Printers and Stationers.

336.]

RETURN OF A BIRTH. 80352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 21st 1897.

4. *Place of Birth, (Street and Number)* 1122 E Riverside Ave.

5. *Full Name of Mother,* Agnes M. Feeney nee Keasler

6. *Mother's Maiden Name,* Balto.

7. *Mother's Birthplace,* Thomas Feeney

8. *Full Name of Father,* Laborer

9. *Father's Occupation* Balto.

10. *Father's Birthplace,* Eliza Burke

Name of Medical Attendant, or other person who makes this Return, 525 E Eight St.

Address, Dairy Yard.

Remarks,

8970000450

month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31/97
4. Place of Birth, (Street and Number) 1819 E. Fayette Str.
5. Full Name of Mother, Regina Rosenthal
6. Mother's Maiden Name, " Rothgeber
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Rosenthal
9. Father's Occupation Boxmacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Reisenhofer

Address, 241 S. Washington Ave.

Remarks,

8970000451

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 31 st 1897
4. *Place of Birth, (Street and Number)* #502 St Mary St.
5. *Full Name of Mother,* Gertrude Smith
6. *Mother's Maiden Name,* Gertrude Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H. Smith
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other person who makes this Return, Annie H. Marchant

Address, 314 N Eutaw St

Remarks, 89/00000452

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 80355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 31-97 4. a. m.
4. *Place of Birth, (Street and Number)*	1132 N. Lombard St
5. *Full Name of Mother,*	Mary Connolly
6. *Mother's Maiden Name,*	Mary Connolly
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Thomas Connolly
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other person who makes this Return.	A. H. Payson
Address,	1136 N Lexington St
Remarks,	

8970000453

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[1235.]

RETURN OF A BIRTH. 80356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31 Jan
4. Place of Birth, (Street and Number) 707 E. Maddison St.
5. Full Name of Mother, Katie Hogan
6. Mother's Maiden Name, Katie Higgins
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Michal Hogan
9. Father's Occupation Steelengraver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Byrd midwife

Address, 1417 E. Eager St.

Remarks,

8 9 7 0 0 0 0 4 5 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 31/97
4. *Place of Birth, (Street and Number)* 604 S. Broadway
5. *Full Name of Mother,* Mary Dotterweich
6. *Mother's Maiden Name,* " Spiegel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob Dotterweich
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Thos. Deisenhofer

Address, 241 S. Washington Pl

Remarks,

8970000455

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 121 W. Pratt Street City
4. Place of Birth, (Street and Number) Sunday Jan. 31-1847.
5. Full Name of Mother, Ann Geppi.
6. Mother's Maiden Name, Anna Minta.
7. Mother's Birthplace, Capalu Sicily.
8. Full Name of Father, John Geppi.
9. Father's Occupation Fruit Dealer.
10. Father's Birthplace, Capalu Sicily.

Name of Medical Attendant, or other person who makes this Return, Mrs. Ann Taylor.

Address, 41. Sanford Alley City

Remarks, Well.

8970000456

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 31, 1897
4. Place of Birth, (Street and Number) 908 W. Fayette St.
5. Full Name of Mother, Cecilia Moseley
6. Mother's Maiden Name, " Rysakal
7. Mother's Birthplace, Portsmouth, Va
8. Full Name of Father, Charles Edward Moseley
9. Father's Occupation, Clerk
10. Father's Birthplace, Norfolk, Va

Name of Medical Attendant, or other person who makes this Return, Julia C. Downes, M. D.

Address, 908 W. Fayette St.

Remarks,

18970000457

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jan. 31st 1897
4. *Place of Birth, (Street and Number)*	1311 Augusta St.
5. *Full Name of Mother,*	Priscilla J. Tucker.
6. *Mother's Maiden Name,*	Priscilla J. Haynie.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	William H. Tucker.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return,	Alfred B. Giles, M.D.
Address,	1340 Augusta St.
Remarks,	

8970000458

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Essey Cora

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January the 31
4. Place of Birth, (Street and Number) Monroe St 1311
5. Full Name of Mother, Jessie Gottman
6. Mother's Maiden Name, Jessie Kay
7. Mother's Birthplace, Zip County Virginia
8. Full Name of Father, George Gottman
9. Father's Occupation Yard Labor
10. Father's Birthplace, Summerset County Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Lizzie B. Watson

Address,

Remarks,

8 9 7 0 0 0 0 4 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 January
4. *Place of Birth, (Street and Number)* 1511 Eastern Ave.
5. *Full Name of Mother,* Louisa Krumeck
6. *Mother's Maiden Name,* Mauler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Krumeck
9. *Father's Occupation* Oyster-saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Roth.

Address, 838 S. Bond Ste.

Remarks, Balto. Md.

8970000460 City.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5c

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1st 1897
4. *Place of Birth, (Street and Number)* Smallwood st # 529
5. *Full Name of Mother,* Barbara Tenison
6. *Mother's Maiden Name,* Barbara Rodgers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John E Tenison
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore?

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, # 1922 Millington Ave

Remarks,

1897 00000461

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 1. (6.20. A. M.)
4. Place of Birth, (Street and Number) 1911 Sherwood Ave E. Balto.
5. Full Name of Mother, Maggie Sealer.
6. Mother's Maiden Name, Conway
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Stephan Sealer.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne (for the Mothers Relief Society)

Address, 1412 Eutaw Place.

Remarks,

8 9 7 0 0 0 0 4 6 2

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 1st 1897
4. *Place of Birth, (Street and Number)*	1707 Division st.
5. *Full Name of Mother,*	Gertie Lamph
6. *Mother's Maiden Name,*	" Tindall
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John B. Lamph
9. *Father's Occupation,*	Telegraphist
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	Dr. B. C. Catlin
Address,	1625 Linden Ave.
Remarks,	

8970000463

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 1897
4. *Place of Birth, (Street and Number)* 863 Greenmount Ave
5. *Full Name of Mother,* Rosie Letosky
6. *Mother's Maiden Name,* " Laskowsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Letosky
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm Wesley M.D.

Address, Johns Hopkins Hospital Balt. Md.

Remarks,

8 7 0 0 0 0 4 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 1st 1897
4. *Place of Birth, (Street and Number)* 913 Hopkins Ave., City
5. *Full Name of Mother,* Thorpe M. Biercker
6. *Mother's Maiden Name,* " " Miller
7. *Mother's Birthplace,* Westernport Md.
8. *Full Name of Father,* Edgar Biercker
9. *Father's Occupation* Reporter
10. *Father's Birthplace,* Gettysburg Pa.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Dabney M. D.

Address, Johns Hopkins Hospital, Balt. Md.

Remarks,

1897000000465

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 80368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth; Jan 1 1897
4. Place of Birth, (Street and Number) 1165 E Pratt St
5. Full Name of Mother, Mrs Rebbecca Albert
6. Mother's Maiden Name, Rebbecca Albert.
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr Nathan Albert
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, John F O'Connor MD

Address, Maternité 115 W Lombard St.

Remarks, 18970000466

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 24 '97
4. *Place of Birth, (Street and Number)* 1523 N. Dallas St. City
5. *Full Name of Mother,* Barbara Cheney
6. *Mother's Maiden Name,* " Popp.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* James M. Cheney
9. *Father's Occupation* "Electrical Work"
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Delaney M. D.

Address, Johns Hopkins Hospital Balt - Md.

Remarks,

8970000467

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 21 97
4. *Place of Birth, (Street and Number)* 2131 Murray St.
5. *Full Name of Mother,* Mary Schnabels
6. *Mother's Maiden Name,* " Morgenweck
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob Schnabels
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington Av.

Remarks,

8 9 7 0 0 0 0 4 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Registrars of each district, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7 97
4. Place of Birth, (Street and Number) 337 Cedar Ave
5. Full Name of Mother, Annie F Finney
6. Mother's Maiden Name, Keener
7. Mother's Birthplace, York Co. Pa.
8. Full Name of Father, John F Finney
9. Father's Occupation laborer
10. Father's Birthplace, York Co Pa

Name of Medical Attendant, or other person who makes this Return, Wm. H. Ed Deacon

Address, 402 Chestnut Ave

Remarks,

1897 U 0000469

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 2, 1897
4. Place of Birth, (Street and Number) 235 W. Biddle St
5. Full Name of Mother, Katharine A. Clarke Murphy
6. Mother's Maiden Name,
7. Mother's Birthplace, Penna.
8. Full Name of Father, A. H. Clarke
9. Father's Occupation Merchant
10. Father's Birthplace, Illinois

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

1897 0 0 0 0 4 7 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 2nd 1897
4. *Place of Birth, (Street and Number)* 722 N. Durham St.
5. *Full Name of Mother,* Mary A. Dorkins
6. *Mother's Maiden Name,* " " Thompson
7. *Mother's Birthplace,* St. Marys County Md.
8. *Full Name of Father,* James M Dorkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Cambridge Md.

Name of Medical Attendant, or other person who makes this Return, Thos Fitzsimmons M.D.

Address, Johns Hopkins Hospital Balt Md.

Remarks,

8970000471

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 80374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 2nd 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Virginia Rogers
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Prince George Co Md.
8. *Full Name of Father,* Illegitimate Child
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, Johns Hopkins Hospital Baltimore Md.

Remarks,

8970000472

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall supply information of a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12"
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 3rd 1897
4. *Place of Birth, (Street and Number)*	678 Columbia ave
5. *Full Name of Mother,*	Mary Winkel
6. *Mother's Maiden Name,*	" Rickor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jos Winkel
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Hahann
Address,	125 Columbia ave
Remarks,	

8 9 7 0 0 0 0 4 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd January 98.
4. *Place of Birth, (Street and Number)*	33 b Schmalkreed St.
5. *Full Name of Mother,*	Johana Müller
6. *Mother's Maiden Name,*	Johana Büch
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wolfgang Müller
9. *Father's Occupation*	Bürsher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Beuler Midwife
Address,	216 N Pratt St
Remarks,	

8 9 7 0 0 0 0 4 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Hebrew
3. *Date of Birth,* Jany 3/97
4. *Place of Birth, (Street and Number)* 2026 McCulloh St
5. *Full Name of Mother,* Olga Grinsfelder
6. *Mother's Maiden Name,* Olga Simon
7. *Mother's Birthplace,* N.Y.
8. *Full Name of Father,* Sol Grinsfelder
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2028 Madison ave

Remarks,

8970000475

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ♂ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd Jan 1897
4. Place of Birth, (Street and Number) 721 Fort Ave
5. Full Name of Mother, Elizabeth Mandler
6. Mother's Maiden Name, Burkhoff
7. Mother's Birthplace, Germany
8. Full Name of Father, John Mandler
9. Father's Occupation Laborer
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerwell

Address, 655 E Fort ave

Remarks, 8970000476

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 3 (5. 15. A. M.)
4. Place of Birth, (Street and Number) E. E. Barney Street.
5. Full Name of Mother, Friedrike, Amalie Krebs,
6. Mother's Maiden Name, Strassel.
7. Mother's Birthplace, Hilliskeen near Eydtkrug - East Prussian - Germany
8. Full Name of Father, Friedrich, Wilhelm Krebs.
9. Father's Occupation Laborer.
10. Father's Birthplace, Rammonishken - Courland - Russian.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune (for the

Address, Mothers Relief Society) 1412 Eutaw Place

Remarks,

8970000477

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 3rd 1897
4. *Place of Birth, (Street and Number)* 1418 Orleans St.
5. *Full Name of Mother,* Willie V. Wilson
6. *Mother's Maiden Name,* " Lee
7. *Mother's Birthplace,* St Marys County, Md.
8. *Full Name of Father,* Charles Wilson
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace,* Smithville Co, Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. McDaboy M.D.

Address, Johns Hopkins Hospital Balt. Md.

Remarks,

8970000478

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2 1917
4. Place of Birth, (Street and Number) 3142 Elliott St.
5. Full Name of Mother, Mary Bottini
6. Mother's Maiden Name, " Harrison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Bottini
9. Father's Occupation Cannmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 241 S. Washington Ave.

Remarks,

8 9 7 0 0 0 0 4 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jan 4-96

4. Place of Birth, (Street and Number) 2800 Evergreen Terrace

5. Full Name of Mother, Mary E. Mussersmith

6. Mother's Maiden Name, "F" Richie

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Chas. Mussersmith

9. Father's Occupation Butcher

10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, L. F. Frey.

Address, 2470 O'D. Ave

Remarks,

1897 0 0 0 0 4 8 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* June 4
4. *Place of Birth, (Street and Number)* 422 E Stricker St
5. *Full Name of Mother,* Mrs Clara Miller Strauss
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas E Strauss
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ulman

Address, 11 N Carey St

Remarks,

8970000481

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1897
4. *Place of Birth, (Street and Number)* # 818 N. Patterson Park Ave.
5. *Full Name of Mother,* Sallie Baker
6. *Mother's Maiden Name,* Sallie Talbert
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Isaac Baker
9. *Father's Occupation* Hay Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Hurley

Address, 812 N. Gamburg St

Remarks,

1897000000482

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th January 97.
4. *Place of Birth, (Street and Number)* 319 Forrest St.
5. *Full Name of Mother,* Otile Martin
6. *Mother's Maiden Name,* Otile Oestreicher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Daniel Martin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 W Pratt St.

Remarks,

1897 0 0 0 0 4 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 8038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 4th, 1897
4. *Place of Birth, (Street and Number)* 1612 Patterson Ave.
5. *Full Name of Mother,* Mary Virginia Pitt
6. *Mother's Maiden Name,* M. V. Kemp
7. *Mother's Birthplace,* Middlesex Co. Virginia
8. *Full Name of Father,* Chas. Bacon Pitt
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Elm City, N. C.

Name of Medical Attendant, or other person who makes this Return, E. Lambert Joyner

Address, 1138 Druid Hill Ave.

Remarks,

8970000484

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 80387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 5th 1897
4. Place of Birth, (Street and Number) 135 Rogers Ave
5. Full Name of Mother, Mrs Ella King
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm King
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr J. H. O'Connor

Address, Maternite 113 & 115 W Lombard St

Remarks,

1897000485

Penalty. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan. 5. 1897.
4. *Place of Birth, (Street and Number)*	11 E. 21st St.
5. *Full Name of Mother,*	Susie E. Dunn
6. *Mother's Maiden Name,*	" " Gibbons
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Joseph E. Dunn.
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	G Lane Taneyhill
Address,	1103 Madison Ave.
Remarks,	Chloroform & instruments

8970000486

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5te of January 97.
4. *Place of Birth, (Street and Number)*	no. 2. Landwehr Lane
5. *Full Name of Mother,*	Lise Baasel
6. *Mother's Maiden Name,*	Lise Selmeyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carls Baasel
9. *Father's Occupation*	Bildhauer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 W Pratt St.
Remarks,	

8 9 7 0 0 0 0 4 8 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11p

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 6th 1897
4. *Place of Birth, (Street and Number)* 1822 Orleans St.
5. *Full Name of Mother,* Rachel Butler
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Illegitimate Child
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm. Van Delaan M.D.

Address, Johns Hopkins Hospital Baltimore, Md.

Remarks,

8 9 7 0 0 0 0 4 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ABUSED 4-21-55

80391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Sherman ~~Otis~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6 1897
4. Place of Birth, (Street and Number) 2122 Old Broad ave hampden
5. Full Name of Mother, ida L Wants
6. Mother's Maiden Name, Phillips
7. Mother's Birthplace, carroll county
8. Full Name of Father, stuart Wants
9. Father's Occupation carpenter
10. Father's Birthplace, carroll county

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, [redacted]5-75 Thirty ave hampden city

Remarks,

8970000489

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80392

GIVEN NAME ADDED 4-7-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian ~~Grace~~ Hodges

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6. 1897
4. Place of Birth, (Street and Number) 1115. N. Carey st
5. Full Name of Mother, Clara L. Hodges.
6. Mother's Maiden Name, Leicht
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry Hodges.
9. Father's Occupation Clerk.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edward H. Condon M.D

Address, 1403 N. Fayette st

Remarks,

8970000490

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 80 393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Maria Therese Mathilde Hengenbacher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1897
4. Place of Birth, (Street and Number) 921 N Edmondson Ave
5. Full Name of Mother, Susan M. (Hengenbacher) Hengenbacher
6. Mother's Maiden Name, Kempel
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert P. (Hengenbacher) Hengenbacher
9. Father's Occupation Cook
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Stidwell M.D.

Address, 1301 E. Eager St

Remarks,

8 9 7 0 0 0 0 4 9 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 80394

GIVEN NAME ADDED 7/7/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Kessler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6th 1897
4. Place of Birth, (Street and Number) 1014 Lombard St
5. Full Name of Mother, Mrs Ida Kessler
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr — Kessler
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr J. H. O'Connor

Address, Maternite 1314-16 N. Lombard St

Remarks,

8970000492

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan. 7th 1896.
4. *Place of Birth, (Street and Number)*	1600 Mount st Court
5. *Full Name of Mother,*	Florence Cromwell
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Catonsville Md.
8. *Full Name of Father,*	Thomas Lavan
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Richmond Va.
Name of Medical Attendant, or other person who makes this Return,	G. W. Slater M.D.
Address,	1624 W. Lafayette st.
Remarks,	

8 9 7 0 0 0 4 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
been conferred; its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 80396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7 1894
4. *Place of Birth, (Street and Number)* 129 chesnut ave city
5. *Full Name of Mother,* Susan R Reaves
6. *Mother's Maiden Name,* Lyn
7. *Mother's Birthplace,* Baltimore co
8. *Full Name of Father,* James F Reaves
9. *Father's Occupation* carpenter
10. *Father's Birthplace,* prince William co

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King hampden

Remarks, 545 Richard ave Baltimore

8 9 7 0 0 0 0 4 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
he ascertained the full name of each child, (if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~Dark~~ 7 ~~8~~ 97 White
3. *Date of Birth,* Jany 7 1897
4. *Place of Birth, (Street and Number)* 1527 Clifton Av
5. *Full Name of Mother,* Mary O'Brien
6. *Mother's Maiden Name,* Mary Shelton
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Josiah O'Brien
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. A C Pole

Address, 2038 Madison Av

Remarks,

1897 0000495

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 80398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June
4. Place of Birth, (Street and Number) 418½ N. High St.
5. Full Name of Mother, Celesia Codori
6. Mother's Maiden Name, Celesia Sterno
7. Mother's Birthplace, Cumberland
8. Full Name of Father, George Codori
9. Father's Occupation Enamler
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Gaitmidwife

Address, 1417 E. Eager St.

Remarks,

8970000496

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th 1897
4. *Place of Birth, (Street and Number)* 945 N. Washington St.
5. *Full Name of Mother,* Nellie White
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos White
9. *Father's Occupation* —
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm McDaboy M.D.

Address, Johns Hopkins Hospital Balt. Md.

Remarks,

8970000497

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 8th 1897
4. *Place of Birth, (Street and Number)* 813 Columbia av
5. *Full Name of Mother,* Kate Smith
6. *Mother's Maiden Name,* Kate Kelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Blacksmith helper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Feather

Address, 812 Hamburg St

Remarks,

18970000498

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1355.]

RETURN OF A BIRTH. 80401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 8 Jan
4. *Place of Birth, (Street and Number)* 103. Fullman St
5. *Full Name of Mother,* Margie Rochford
6. *Mother's Maiden Name,* Margie Barry
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Rochford
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Smith midwife

Address, 417 E Eager St.

Remarks,

8970000499

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 8 1937
4. *Place of Birth, (Street and Number)* New Orleans La.
5. *Full Name of Mother,* Mary K. Kuhn Meier
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Kuhn
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 241 S. Washington St.

Remarks,

8 9 7 0 0 0 0 5 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* June 2 1897

4. *Place of Birth, (Street and Number)* 2817 Eastern Ave

5. *Full Name of Mother,* Mary Marshall

6. *Mother's Maiden Name,* Mary Lindemore

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* George Marshall

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary L. Sharpe

Address, 122 Caroline St.

Remarks,

1897 0000501

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9
4. *Place of Birth, (Street and Number)* 1632 Dr. Henry St
5. *Full Name of Mother,* Mrs Carrie Nichols Sinclair
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm. C. Sinclair
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. E. E. Ellis M.D.

Address, 11 N Carey St.

Remarks,

8970000502

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 9th 1897
4. *Place of Birth, (Street and Number)*	633 Portland St
5. *Full Name of Mother,*	Lena Esslinger
6. *Mother's Maiden Name,*	" Stickel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo Esslinger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo Rhaheem
Address,	125 Columbia ave
Remarks,	

8 9 7 0 0 0 0 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers

Rule: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80406

GIVEN NAME ADDED 4-5-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Wright~~ Newton 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 9/97
4. *Place of Birth, (Street and Number)* 1042 Penna av
5. *Full Name of Mother,* Lizzie Newton
6. *Mother's Maiden Name,* Lizzie Wright
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm H. Newton
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Bole

Address, 2038 Madison Av

Remarks,

8970000504

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 9th 1897
4. *Place of Birth, (Street and Number)* 386 Forest St.
5. *Full Name of Mother,* Mary Ann Stein
6. *Mother's Maiden Name,* Friedman
7. *Mother's Birthplace,* N. Y. City
8. *Full Name of Father,* David Stein
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Dalton M. D.

Address, John Hopkins Hospital Baltimore Md.

Remarks,

8970000505

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9 " 1897
4. *Place of Birth, (Street and Number)* No [illegible] st No 16 18
5. *Full Name of Mother,* Sofus Prince wade
6. *Mother's Maiden Name,* Sofus Prince
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* george wade
9. *Father's Occupation* Polisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs B Keller

Address, No 1922 Mitchin Av

Remarks,

8 9 7 0 0 0 0 5 0 6

Wm. J. C. Dulany Co. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 80409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Valentine Jaworski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 10th January 1892.
4. *Place of Birth, (Street and Number)* 817 Haverford Ave.
5. *Full Name of Mother,* (Justina) Jaworski
6. *Mother's Maiden Name,* (Nee) Kopalski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* (Joseph) Jaworski
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Liersemann.

Address, 2922 Eastern St.

Remarks,

8970000507

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10. 18. 97
4. *Place of Birth, (Street and Number)* 1814 Lanvale st 2nd
5. *Full Name of Mother,* Louisa Taylor
6. *Mother's Maiden Name,* Louisa Anderson
7. *Mother's Birthplace,* anna-rundel Co. Md
8. *Full Name of Father,* Thomas H Taylor
9. *Father's Occupation* anna rundel Co Md
10. *Father's Birthplace,* Commission merchant

Name of Medical Attendant, or other person who makes this Return, Mrs S Selby

Address, No 1922 William st

Remarks,

8 9 7 0 0 0 0 5 0 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10th 1897
4. *Place of Birth, (Street and Number)* 201 Conway St
5. *Full Name of Mother,* Mrs Becky Rozenburg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr — Rozenburg
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr John H Connor

Address, Maternité 113 & 115 W. Lombard St.

Remarks,

8970000509

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 10/97
4. *Place of Birth, (Street and Number)* 2219 Boyer St.
5. *Full Name of Mother,* Mary Schubert
6. *Mother's Maiden Name,* " Pettlein
7. *Mother's Birthplace,* Washington, D. C.
8. *Full Name of Father,* Paul Schubert
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

8970000510

Wm. J. C. Dulany Co,. City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 10 '97
4. *Place of Birth, (Street and Number)* 508 S. Ann St.
5. *Full Name of Mother,* Carry Poulsen
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Paul Poulsen
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Denmark

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

8970000511

Wm. J. C. Dulany Co., City Printers and Stationers.

80414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltime

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January the 10
4. *Place of Birth, (Street and Number)* 526 North Chapt
5. *Full Name of Mother,* Rora A Gray
6. *Mother's Maiden Name,* Mallen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John L Gray
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A Ale

Address, 1438 Bond St

Remarks, 8 9 7 0 0 0 0 5 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Adelaide Watkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 10th 97
4. Place of Birth, (Street and Number) 10 N Wolfe St.
5. Full Name of Mother, Mary B. Watkins
6. Mother's Maiden Name, Mary Bruce
7. Mother's Birthplace, Kent Co.
8. Full Name of Father, Ethan B. Watkins
9. Father's Occupation, feed-dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. B. Rundle M.D.

Address, [illegible]

Remarks, CERTIFICATE CORRECTED 12-11-53

8970000513

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 80416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 18th 1897
4. *Place of Birth, (Street and Number)*	No. 7. S. Poppleton st.
5. *Full Name of Mother,*	Annie Edwards
6. *Mother's Maiden Name,*	Annie Ruhland
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Charles. Luther Edwards
9. *Father's Occupation,*	Express Driver
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs O Hayer
Address,	924 Hollins st
Remarks,	

8970000514

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of January 97
4. *Place of Birth, (Street and Number)* 233 S. Main St
5. *Full Name of Mother,* Ellen Harp
6. *Mother's Maiden Name,* Ellen Owens
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Maria Harp
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Wenke midwife

Address, 2116 N Druid St

Remarks,

8970000515

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 11. (3.15. A. M.)
4. *Place of Birth, (Street and Number)* 519. N. Fremont Ave.
5. *Full Name of Mother,* Sarah Margarethe Kimball
6. *Mother's Maiden Name,* Geis.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Clark Kimball
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. W. Kaune / for the

Address, Mothers Relief Society / 519 N. Fremont Ave.

Remarks,

8 7 7 0 0 0 0 5 1 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 80419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11th 1897.

4. Place of Birth, (Street and Number) 520 N. Broad St

5. Full Name of Mother, Annie Degele

6. Mother's Maiden Name, Eells

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Degle

9. Father's Occupation Cutter

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, S. H. Sloan M.D.

Address, 1501 E. Eager St.

Remarks,

1897 00000517

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 14, 1897.
4. *Place of Birth, (Street and Number)* 264 Bruckline ave.
5. *Full Name of Mother,* Isabell ~~Lobell~~ R. Kapp.
6. *Mother's Maiden Name,* Gavell.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Robert R. Kapp.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Litchfield M.D.

Address, 291 Chestnut ave

Remarks,

8 4 7 0 0 0 0 5 1 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80421

GIVEN NAME ADDED 6-16-69

To the ~~Office~~ of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth ~~Heddinger~~ III

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl

1. *Sex*, (state whether male or female) White

2. *Race or Color*, (if not of the white race) Jan. 11/69

3. *Date of Birth*, 20 S. Collington Ave.

4. *Place of Birth*, (Street and Number) Maggie Heddinger

5. *Full Name of Mother*, Bennette

6. *Mother's Maiden Name*, Balto.

7. *Mother's Birthplace*, Charles ~~Heddinger~~ Heddinger

8. *Full Name of Father*, Clerk

9. *Father's Occupation* Balto.

10. *Father's Birthplace*, Mrs. Deisenhofer

Name of Medical Attendant, or other person who makes this Return, 241 S. Washington St.

Address,

Remarks,

8 9 7 0 0 0 0 5 1 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 14, 1897.
4. *Place of Birth, (Street and Number)* 435 W. 24th St.
5. *Full Name of Mother,* Carrie Francis Miller.
6. *Mother's Maiden Name,* Hornberger.
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* Harry Albert Miller.
9. *Father's Occupation* Railroader.
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

1897 0000520

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 11, 1897
4. Place of Birth, (Street and Number) Park Heights Ave. & Fat Street
5. Full Name of Mother, Belle Ransom
6. Mother's Maiden Name, Belle Clark.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Leonard Ransom.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, H. J. Evans

Address, N. E. Cor Carey & Fayette St.

Remarks,

1897000521

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Sept 7th 1897
4. *Place of Birth, (Street and Number)* 1435 Covington St.
5. *Full Name of Mother,* Maggie Hatton
6. *Mother's Maiden Name,* Maggie Fowlkes
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas. Edw. Hatton
9. *Father's Occupation* Longshoreman
10. *Father's Birthplace,* East Virginia

Name of Medical Attendant, or other person who makes this Return, Susan E. Delaney

Address, 341 E. Clement St

Remarks,

B 9 7 U 0 0 0 5 2 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11th 1897
4. *Place of Birth, (Street and Number)* 402 E. Pattison St Av.
5. *Full Name of Mother,* Edith Murphy Wagner
6. *Mother's Maiden Name,* Murphy
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Jas. A. Wagner
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, E B Britton M.D.

Address, 1711 E Balto St.

Remarks,

1897 0000523

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwifery, to the office of the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 80426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan - 11 - 96 -
4. *Place of Birth, (Street and Number)* Md Gen Hosp
5. *Full Name of Mother,* Mrs Anna Hoover -
6. *Mother's Maiden Name,* Anna Collins -
7. *Mother's Birthplace,* Md -
8. *Full Name of Father,* Eby Hoover -
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Penn Phila City

Name of Medical Attendant, or other person who makes this Return, E. C. Knight M.D.

Address, Md Gen Hosp -

Remarks,

8 9 7 0 0 0 0 5 2 4

Health. — This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 of January 1897
4. *Place of Birth, (Street and Number)*	224 W Lombard St.
5. *Full Name of Mother,*	Florence Kratz
6. *Mother's Maiden Name,*	Florence Koch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Kratz
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. O Keeyer
Address,	924 Hollins st
Remarks,	

8970000525

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[Form 1236.]

Section 3. Each Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 11
4. *Place of Birth, (Street and Number)* 1143 Myrtle ave
5. *Full Name of Mother,* Liliana Bova
6. *Mother's Maiden Name,* " Scullio
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Liz Bova
9. *Father's Occupation* Fruit Vender
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, John Street

Address, 647 N Lafayette ave

Remarks,

1897 0 0 0 0 5 2 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 12th 97
4. *Place of Birth, (Street and Number)* 818 N. Dallas St.
5. *Full Name of Mother,* Frances Bell
6. *Mother's Maiden Name,* " Matthews.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Bell.
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Kitt Dabney M. D.

Address, Johns Hopkins Hospital Baltimore Md.

Remarks,

8970000527

Wm. J. C. Dulany Co., City Printers and Stationers.

...months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 12, 1897
4. *Place of Birth, (Street and Number)* 1120 Share St.
5. *Full Name of Mother,* Annie Catharine Keener
6. *Mother's Maiden Name,* Annie Catharine Klemm
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Keener
9. *Father's Occupation* Police officer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 924 Druid Hill Ave.

Remarks,

8 9 7 U 0 0 0 5 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 12. (12. 15. A. M.).
4. *Place of Birth, (Street and Number)* 1528 William Street.
5. *Full Name of Mother,* Catherine, Anna Waters.
6. *Mother's Maiden Name,* Yingling.
7. *Mother's Birthplace,* Fredrick Co. Md.
8. *Full Name of Father,* Joseph, Valentine Waters.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Mnt.

Name of Medical Attendant, or other person who makes this Return, Frau M. Kaune (for the

Address, Mothers Relief) 1412 Eutaw Place.

Remarks,

8 9 7 U 0 0 0 5 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 2 '97
4. *Place of Birth, (Street and Number)* 748 Fulton Ave South
5. *Full Name of Mother,* Florida Virginia Hilton
6. *Mother's Maiden Name,* Florida Virginia Lowry
7. *Mother's Birthplace,* Petersburg Va
8. *Full Name of Father,* James Cantrow Hilton
9. *Father's Occupation* Millwright
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno S Kelly

Address, 1922 Hilton Ave

Remarks,

† 8 9 7 0 0 0 0 5 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascer
been conferred), its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 80433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 12 1897
4. *Place of Birth, (Street and Number)* 819 Eastern Ave
5. *Full Name of Mother,* Ida Lindemore
6. *Mother's Maiden Name,* Ida Evans
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob Lindemore
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Lindemore

Address, 819 Eastern Ave

Remarks,

1897000531

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-30-49

RETURN OF A BIRTH. 80434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Teresa Herz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Hebrew
3. Date of Birth, January 13/97
4. Place of Birth, (Street and Number) Balto
5. Full Name of Mother, Allen Herz
6. Mother's Maiden Name, Allen Katzberg
7. Mother's Birthplace, Balto
8. Full Name of Father, Jos. Herz.
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks, 1897U000532

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336]

RETURN OF A BIRTH. 80435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of January 1897
4. *Place of Birth, (Street and Number)* 802 Durham str
5. *Full Name of Mother,* Babry Zaruba
6. *Mother's Maiden Name,* Baby Poledno
7. *Mother's Birthplace,* Bohimen Evropa
8. *Full Name of Father,* Frank Zárubo
9. *Father's Occupation* Erabel
10. *Father's Birthplace,* Bohimen Evropa

Name of Medical Attendant, or other person who makes this Return, Luise Kratora

Address, 1010 Durham St

Remarks,

8 9 7 0 0 0 0 5 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Cert. Corr 12-12-56

RETURN OF A BIRTH. 80436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Maurice Davenport

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 13th - 1897
4. Place of Birth, (Street and Number) 3017 Odonnel Str Canton
5. Full Name of Mother, Barbara Davenport
6. Mother's Maiden Name, Barbara Weisman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, W. Davenport
9. Father's Occupation Electrical Enginer
10. Father's Birthplace, Plymouth Mass.

Name of Medical Attendant, or other person who makes this Return, Mrs. Burkart

Address, Bouldin Str 1011

Remarks,

1897 0 0 0 0 5 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13th Jan 1897
4. *Place of Birth, (Street and Number)* 720 E Fort ave
5. *Full Name of Mother,* Annie Kirby
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Kirby
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 S Fort ave

Remarks,

1897 0 0 0 0 5 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12 1897
4. *Place of Birth, (Street and Number)* 631 Gusryan St
5. *Full Name of Mother,* Celia Isaac
6. *Mother's Maiden Name,* Celia Zingler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Isaac
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Isaac L. Isaac

Address, 824 Orndorff St

Remarks,

1897 0000536

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14, 1897.
4. Place of Birth, (Street and Number) 301 L Cedar ave.
5. Full Name of Mother, Mary Irene Hiltz.
6. Mother's Maiden Name, Stansbury.
7. Mother's Birthplace, Md.
8. Full Name of Father, James M. Hiltz.
9. Father's Occupation Railroader.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1897 0000537

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
after it, shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

shall contain a list of the births
month, and shall set forth as far as the same can be as-
been conferred its sex, color, the full name and occupa-
said schedule shall be delivered, duly signed by the prac-
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, i
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to b

RETURN OF A BIRTH. 80440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 14, 1897.
4. *Place of Birth, (Street and Number)* 28 2½ Huntingdon ave.
5. *Full Name of Mother,* Mary Elizabeth Pedrick.
6. *Mother's Maiden Name,* Scott.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Emmet Pedrick.
9. *Father's Occupation* Electric Motorman
10. *Father's Birthplace,* Connecticut.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 791 Chestnut ave.

Remarks,

1897 0000538

Wm. J. C. Dulany Co,. City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 80441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 14th 1897.
4. *Place of Birth, (Street and Number)* 2017 Keyser St
5. *Full Name of Mother,* Justina Schneider
6. *Mother's Maiden Name,* Ripple
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Schneider
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Soldner M.D.

Address, 159 E. Eager St.

Remarks,

1897 00 000539

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236.]

RETURN OF A BIRTH. #0442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14th 97
4. Place of Birth, (Street and Number) 1019 S High St
5. Full Name of Mother, Mrs Katie Rose
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Wolf Rose
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr J. F. O'Connor

Address, Maternite 113 & 115 N. Lombard St.

Remarks,

1897 0 0 0 0 5 4 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 14th 1897
4. *Place of Birth, (Street and Number)* 820 Hadley St.
5. *Full Name of Mother,* Ida Brown
6. *Mother's Maiden Name,* " Quills
7. *Mother's Birthplace,* Baltimore County.
8. *Full Name of Father,* James Brown
9. *Father's Occupation* Paper-hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. McNDabney M.D.

Address, Johns Hopkins Hospital Baltimore Md.

Remarks,

1 8 9 7 0 0 0 0 5 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th of January 97
4. *Place of Birth, (Street and Number)* 401 Forrest St
5. *Full Name of Mother,* Mary Glass
6. *Mother's Maiden Name,* Mary Miff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John H. Glass
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuter Midwife

Address, 216 W Pratt St

Remarks,

1 8 9 7 0 0 0 0 5 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1336]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 15 th January 1899
4. *Place of Birth, (Street and Number)* 228 Dillon street.
5. *Full Name of Mother,* Anna Wolz.
6. *Mother's Maiden Name,* Nee Böbert.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Heinrich Wolz.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemann.

Address, 2922 Elliot street

Remarks,

8 9 7 0 0 0 0 5 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan. 15 th 1897
4. Place of Birth, (Street and Number) 423 N. Dallas St.
5. Full Name of Mother, Annie Lee
6. Mother's Maiden Name, " Ketcts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Lee
9. Father's Occupation "Collector for Society"
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. McDaban M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

0 7 7 0 0 0 0 5 4 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

m 1236.]

RETURN OF A BIRTH. 80447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 15, 1897.
4. Place of Birth, (Street and Number) 733 Eliud ave.
5. Full Name of Mother, Sarah Louisa Thomas.
6. Mother's Maiden Name, Morris.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles C. Thomas.
9. Father's Occupation Baker.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1897 0000545

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 15/97
4. *Place of Birth, (Street and Number)* 2722 Penna Ave
5. *Full Name of Mother,* Fredericke Bruns
6. *Mother's Maiden Name,* Fredericke Schatz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Bruns
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A. C. Pole

Address, 2038 Madison Ave

Remarks,

1897 0 0 0 0 5 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female - Emma Irene Brunner
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15 '97
4. *Place of Birth, (Street and Number)* 1924 Ramsay St
5. *Full Name of Mother,* Annie Brunner
6. *Mother's Maiden Name,* Annie Hanssen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm C Brunner
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Keller

Address, 1422 Wilkens Ave

Remarks, Full name of child added by father.

91 Q. Boynton 8 9 7 5 0 0 0 5 4 Jan. 18-1926 V. E. Mehn - Reg.

Patter

Wm. J. C. Dulany Co., City Printers and Stationers.

---

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1336

RETURN OF A BIRTH. 8450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 16th January 1897.
4. *Place of Birth, (Street and Number)* 1945 Hare St.
5. *Full Name of Mother,* Rosa Koskinski.
6. *Mother's Maiden Name,* Rosa Jandzki.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Karl Rosbinski.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P Siewmann.

Address, 2922 Elliott St.

Remarks,

1897 0 0 0 0 5 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 16th 1897
4. *Place of Birth, (Street and Number)* 2552 Francis St
5. *Full Name of Mother,* Agnes K. Lippert
6. *Mother's Maiden Name,* " Killan
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Lippert
9. *Father's Occupation* Clerk,
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. G. Shower M. D.

Address, 1224 W. Nath. ave

Remarks,

1897 0000549

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 16. / 3.50 P.M. /
4. *Place of Birth, (Street and Number)* 1812 Hanover Lane.
5. *Full Name of Mother,* Elizabeth Bowan.
6. *Mother's Maiden Name,* Thomas.
7. *Mother's Birthplace,* Martinsburg, Va.
8. *Full Name of Father,* Michael William Bowan.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Wilksburg, Pa.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society / 1811 Hanover Lane.

Remarks,

8 9 7 0 0 0 0 5 5 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the following particulars which have occurred under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan 16'
4. *Place of Birth, (Street and Number)* 813 Pierce St
5. *Full Name of Mother,* Cornelia Williams
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Price
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, John E Hueck

Address, 649 W Lafayette Ave

Remarks, 1897U000551

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16 1897
4. Place of Birth, (Street and Number) 157 N Franklin St
5. Full Name of Mother, Mary Beaver
6. Mother's Maiden Name, Mary Le Fleur
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry J Beaver
9. Father's Occupation, Plumber
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this return, D J Evans

Address, N E Cor Eutaw & Fayette St

Remarks,

1897 U 000552

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 80455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimere City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th 1897
4. Place of Birth, (Street and Number) 1011 E Lombard St
5. Full Name of Mother, Mrs Lena Krekrus Ky
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Krekrus Ky
9. Father's Occupation Russia Laborer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr J. F. O'Connor

Address, Maternité 113 & 115 W. Lombard St.

Remarks,

1897 0 0 0 0 5 5 3

Every physician or midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 16 99
4. *Place of Birth, (Street and Number)* 121 S. Broadway
5. *Full Name of Mother,* Mary Forster
6. *Mother's Maiden Name,* A. Loeffler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernest Forster
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 24 E. Washington Pl.

Remarks,

1897 0 0 0 0 5 5 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

One

RETURN OF A BIRTH. 80457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Saul F. Joseph

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 January
4. Place of Birth, (Street and Number) 681 N. Gay St
5. Full Name of Mother, Ida Joseph
6. Mother's Maiden Name, Rinker
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Joseph
9. Father's Occupation Cigar maker
10. Father's Birthplace, Germany Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Mills

Address, 302 E Lexington St

Remarks,

1897 0000555

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16th 1897
4. Place of Birth, (Street and Number) 2235 Mura St.
5. Full Name of Mother, Mary Josephine Westerkam
6. Mother's Maiden Name, " " Willinger
7. Mother's Birthplace, Balto., Md.
8. Full Name of Father, John Ferdinand Westerkam
9. Father's Occupation Rail Road Flagman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rosina Biensmiller

Address, 1306 N. Chester St.

Remarks,

8970000556

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* January 16 1897.
4. *Place of Birth, (Street and Number)* 1344 Woodyear St.
5. *Full Name of Mother,* Cora Jones.
6. *Mother's Maiden Name,* Jackson
7. *Mother's Birthplace,* Lancaster Co.
8. *Full Name of Father,* Thomas Jones
9. *Father's Occupation* Sailor.
10. *Father's Birthplace,* Lancaster Co

Name of Medical Attendant, or other person who makes this Return, Mary C Jones.

Address, 421 Saratoga St

Remarks, Baltimore Md

1897 U 000557

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.ter

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of January 97
4. *Place of Birth, (Street and Number)* 14 Loudon Av
5. *Full Name of Mother,* Mary Sehea
6. *Mother's Maiden Name,* Mary Schneider
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Alexander Sehea
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 N Pratt St

Remarks,

1897000055 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 24th Jan 1897
4. *Place of Birth, (Street and Number)* 601 Rogers Ave
5. *Full Name of Mother,* Sarah Lorman
6. *Mother's Maiden Name,* " Reeder
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Lorman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* " " " Md

Name of Medical Attendant, or other person who makes this Return, Mrs E Gerrell

Address, 650 E Fort Ave

Remarks,

1897 00 00559

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th January
4. *Place of Birth, (Street and Number)* 1115 E. Monument St.
5. *Full Name of Mother,* Mrs Laird Burch
6. *Mother's Maiden Name,* Rebecca Beck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr Laird Burch
9. *Father's Occupation* Cork Maker
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs Annie O'Brien

Address, 902 Greenmount Ave

Remarks,

+ 0 9 7 U 0 0 0 5 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 17 1897
4. *Place of Birth, (Street and Number)* 2013 Orleans St.
5. *Full Name of Mother,* Katie Harris
6. *Mother's Maiden Name,* " Himmelheber
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Harris
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St

Remarks,

1897 00 00 561

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 17 1897
4. *Place of Birth, (Street and Number)*	311 Parkin St
5. *Full Name of Mother,*	Mary Meagher
6. *Mother's Maiden Name,*	" Leahy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Meagher
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Lev R Hahn
Address,	725 Columbia ave
Remarks,	

8970000562

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 17th 1897
4. *Place of Birth, (Street and Number)* 913 Fell St
5. *Full Name of Mother,* Annie Beran
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Beran
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Boyle

Address, 205 N Washington Ave

Remarks,

1897U000563

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 80466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17 - 97
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Annie Katz
6. Mother's Maiden Name, Annie Carney
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Frank Katz
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Henry A Byrd

Address, 677 Columbia ave.

Remarks,

0 4 7 0 0 0 0 5 6 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th of January 97
4. Place of Birth, (Street and Number) 1936 Lemon St.
5. Full Name of Mother, Lise Bickel
6. Mother's Maiden Name, Lise Horst
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich G. Bickel
9. Father's Occupation Baecker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

1897 0 0 0 0 5 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 18th 1897
4. *Place of Birth, (Street and Number)* 1830 Bank St
5. *Full Name of Mother,* Margut Lorkey
6. *Mother's Maiden Name,* Margut Trash.
7. *Mother's Birthplace,* Baltic.
8. *Full Name of Father,* Peter Lorkey.
9. *Father's Occupation* Master of Boats
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Pugh.

Address, 2225 Bank St.

Remarks,

1897U000566

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 18 / 10.45 P. M.
4. *Place of Birth, (Street and Number)* 305 So. Hamburg Street
5. *Full Name of Mother,* Louisa Bell Hill
6. *Mother's Maiden Name,* Cantlin
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* James William Hill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kraus / for the

Address, Mothers Relief Society / 1712 Linden Place

Remarks,

8 9 7 U 0 0 0 5 6 7

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 18th 97
4. *Place of Birth, (Street and Number)* 727 Hiley St.
5. *Full Name of Mother,* Martha Brantly
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John A. Brantly.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Georgia

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney M.D.

Address, John Hopkins Hospital Baltimore Md.

Remarks,

1897 0 0 0 0 5 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 18 97
4. Place of Birth, (Street and Number) 1936 E. Lombard St.
5. Full Name of Mother, Mary W. Hartman
6. Mother's Maiden Name, " " Wratten
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Hartman
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington Ave.

Remarks,

1897 0 0 0 0 5 6 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 80472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18
4. *Place of Birth, (Street and Number)* 719 Columbia ave
5. *Full Name of Mother,* Mary Myers
6. *Mother's Maiden Name,* Mary Hunter
7. *Mother's Birthplace,* Balto. md
8. *Full Name of Father,* Frederick Myers
9. *Father's Occupation* Store-Keeper.
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Henry Boyd

Address, 677 Columbia ave.

Remarks,

8 9 7 3 0 0 0 0 5 7 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 1897
4. *Place of Birth, (Street and Number)* 99 Bradford Pl
5. *Full Name of Mother,* Augusta Dunker
6. *Mother's Maiden Name,* " Rusch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred. Dunker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 241 S. Washington Ave.

Remarks,

1897 0000571

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 11 1897
4. *Place of Birth, (Street and Number)* 342 Hudson St
5. *Full Name of Mother,* Ida Kline
6. *Mother's Maiden Name,* Ida Emerson
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Friedrich Kline
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Grant T. Shrafne

Address, 824 Eastern Ave

Remarks,

8 9 7 0 0 0 0 5 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 18th 1897
4. *Place of Birth, (Street and Number)* 1120 Stiles st.
5. *Full Name of Mother,* Grace Roodman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Benjamin Roodman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897000573

Wm. J. C. Dulany Co., City Printers and Stationers

ORM 1236.]

RETURN OF A BIRTH. 80476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 14th 1897
4. Place of Birth, (Street and Number) John Hopkins Hospital
5. Full Name of Mother, Mary Allen
6. Mother's Maiden Name, Fitzpatrick
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Harry Allen
9. Father's Occupation Orderly
10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return, Geo. M. Dobbin M.D.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8970000574

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18 Th 1897
4. *Place of Birth, (Street and Number)* 924 W Baltimore St Balto Md.
5. *Full Name of Mother,* Mrs Zula Purdy
6. *Mother's Maiden Name,* Butler
7. *Mother's Birthplace,* Pittsburg Pa
8. *Full Name of Father,* Geo W Purdy
9. *Father's Occupation,* Brakeman B & O R.R.
10. *Father's Birthplace,* Hoboken New Jersey

Name of Medical Attendant, or other person who makes this Return. Mrs E Thayer

Address, 924 Hollins St

Remarks,

8 9 7 0 0 0 0 5 7 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Penalty. The person who shall neglect to make a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th of January
4. *Place of Birth, (Street and Number)* 1707 Raven st
5. *Full Name of Mother,* Carrie Lenbach
6. *Mother's Maiden Name,* Carrie Schaffer
7. *Mother's Birthplace,* in Baltimore
8. *Full Name of Father,* Chas. G. F. Lenbach
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mari Hutter

Address, 812 W Hamburg St

Remarks,

8 9 7 0 0 0 0 5 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 18 1897
4. Place of Birth, (Street and Number) 1426 E. Fort Ave.
5. Full Name of Mother, Emma E. Schlegel.
6. Mother's Maiden Name, Niebling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Schlegel
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Robt C. F. McLeish

Address, 1456 Riverside Ave

Remarks,

8 9 7 0 0 0 0 5 7 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

rm 1236]

RETURN OF A BIRTH. 80480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7te

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 Jan Tuesday 1899
4. *Place of Birth, (Street and Number)* 32 Ft Pendleton str 1937
5. *Full Name of Mother,* Lillie Starzynski
6. *Mother's Maiden Name,* Cosgrove
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Franz Starzynski
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Alt Easter Germany

Name of Medical Attendant, or other person who makes this Return, Anna Bernhardt

Address,

Remarks,

8 9 7 0 0 0 0 5 7 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18
4. Place of Birth, (Street and Number) 2209 Lombard st East
5. Full Name of Mother, Caroline Hoffman
6. Mother's Maiden Name, Caroline Stade
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Hoffman
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Perry

Address, 2847 Fenwick st

Remarks,

647 U 0 0 0 5 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th of January 97.
4. *Place of Birth, (Street and Number)*	902 Frederick av
5. *Full Name of Mother,*	Lise Jung
6. *Mother's Maiden Name,*	Lise Gerdner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Jung
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Mueller Midwife
Address,	2116 W. Pratt St.
Remarks,	

8 9 7 0 0 0 0 5 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of January 97.
4. Place of Birth, (Street and Number) 411 Schmallwood Av
5. Full Name of Mother, Anna Wanike
6. Mother's Maiden Name, Anna Kiener
7. Mother's Birthplace, Germany
8. Full Name of Father, Friederich Wanike
9. Father's Occupation Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 N Pratt St

Remarks,

8970000581

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of January
4. *Place of Birth, (Street and Number)* 716 E. Pratt St.
5. *Full Name of Mother,* Caroline Link.
6. *Mother's Maiden Name,* Schürr.
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Frederick Link.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss.

Address, 613 E. Pratt St.

Remarks,

T 6 9 7 U 0 0 0 5 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 19. / 10. 30 P. M. /
4. *Place of Birth, (Street and Number)* 1022 Green Place.
5. *Full Name of Mother,* Virginie Annie Baier
6. *Mother's Maiden Name,* Lichfield.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Patton Baier.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return Ira M. Kanne / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8 9 7 0 0 0 0 5 8 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19-97
4. *Place of Birth, (Street and Number)* 1226 Hanover
5. *Full Name of Mother,* Rose Seibert Oelkers
6. *Mother's Maiden Name,* Rose Seibert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John S. Oelkers
9. *Father's Occupation,* Commission merchant
10. *Father's Birthplace,* Hartford County

Name of Medical Attendant, or other person who makes this Return. W. B. Burns M.D.

Address, 71 Hanover

Remarks,

8970000584

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19th 1897
4. *Place of Birth, (Street and Number)* 1708 E Monument St
5. *Full Name of Mother,* Maggie R. Lipscomb
6. *Mother's Maiden Name,* Morrow
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Jas. T. Lipscomb
9. *Father's Occupation* Marine Engineer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E B Britton M.D.

Address, 1711 E Baltimore St.

Remarks,

1897 00000585

Wm. J. C. Dulany Co., City Printers and Stationers.

ths which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80488

GIVEN NAME ADDED 6-3-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ROSE KLAWANSKY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 19th 1897
4. Place of Birth, (Street and Number) 228 N. High st.
5. Full Name of Mother, Celia Klawansky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Michael Klawansky
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970000586

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 19 97
4. Place of Birth, (Street and Number) 610 S. Rose St.
5. Full Name of Mother, Maggie Busch
6. Mother's Maiden Name, " Meis
7. Mother's Birthplace, Balto.
8. Full Name of Father, Julius Busch
9. Father's Occupation Stevedore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diemhofer

Address, 241 S. Washington St.

Remarks,

1 8 9 7 0 0 0 0 5 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236.]

RETURN OF A BIRTH. 80490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19 th 1892
4. Place of Birth, (Street and Number) 527 Chapel St
5. Full Name of Mother, Dena Peters
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemany
8. Full Name of Father, John Peter
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Potts

Address, 205 N Washington St

Remarks,

18970000588

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-30-57

RETURN OF A BIRTH. 80491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Augustus Asbury Covington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 19/97
4. Place of Birth, (Street and Number) 243 S. Washington St.
5. Full Name of Mother, Mary L. Covington
6. Mother's Maiden Name, L. L. Dolby
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis A. Covington
9. Father's Occupation, Clerk
10. Father's Birthplace, Somerset County, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

1897 U. 000589

Every child born in the City of Baltimore, or the issue of which has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of January 1896
4. *Place of Birth, (Street and Number)* 941 Durham st
5. *Full Name of Mother,* Annie Bauer
6. *Mother's Maiden Name,* Annie Janoušek
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Bauer
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Luise Svatara

Address, 1010 Durham str

Remarks,

8970000590

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 19/97
4. *Place of Birth, (Street and Number)* 1523 E. Lombard St.
5. *Full Name of Mother,* Marion Battee
6. *Mother's Maiden Name,* " Taremen
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Lewis Battee
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 241 S. Washington ave

Remarks,

8970000591

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 9 97
4. *Place of Birth, (Street and Number)* 212 Stricker St
5. *Full Name of Mother,* Florence C Green
6. *Mother's Maiden Name,* Florence C Sampson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel A Green
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. S Kelly

Address, 422 Watkins Ave

Remarks,

8970000592

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 20, (5. 30 P. M.)
4. *Place of Birth, (Street and Number)* 828 - 830 N. Gay Street
5. *Full Name of Mother,* Mary Gregor
6. *Mother's Maiden Name,* Fošek -
7. *Mother's Birthplace,* Malešov - Bohemia
8. *Full Name of Father,* John Gregor
9. *Father's Occupation* Marblecutter
10. *Father's Birthplace,* Divišov - Moravia

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kenne for the

Address, Mothers Relief Society 1412 Hutaw Place

Remarks,

8 9 7 0 0 0 0 5 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20 '97
4. *Place of Birth, (Street and Number)* 1911 McHenry St
5. *Full Name of Mother,* Sarah E Gibbons
6. *Mother's Maiden Name,* Sarah Bennett
7. *Mother's Birthplace,* Joseph Anne Pendyl Co Md
8. *Full Name of Father,* Sydnet G Groscup
9. *Father's Occupation* Lineman
10. *Father's Birthplace,* Ilchester Howard Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, 1922 Hillsdale

Remarks,

8970000594

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 20 97
4. Place of Birth, (Street and Number) 2322 E. Monument St.
5. Full Name of Mother, Louise Wagner
6. Mother's Maiden Name, " Batcheler
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. H. Wagner
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington Ave.

Remarks,

8970000595

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~2d~~ 6"
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 20th 1897
4. *Place of Birth, (Street and Number)*	1327 Presstman St
5. *Full Name of Mother,*	Jennie Stonesifer
6. *Mother's Maiden Name,*	" Wicks
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Stonesifer
9. *Father's Occupation*	driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Geo Rhahame
Address,	725 Columbia ave
Remarks,	

8970000596

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 80499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 20th 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Maggie Flodening
6. *Mother's Maiden Name,* Keene
7. *Mother's Birthplace,* Miss.
8. *Full Name of Father,* Henry Flodening
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Geo. M. Dobbin M.D.

Address, Johns Hopkins Hospital, Balt. Md.

Remarks,

8970000597

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~Col~~
3. Date of Birth, Jany 20. 1897
4. Place of Birth, (Street and Number) 1421. N. Balto St.
5. Full Name of Mother, Mollie K. ~~Furley~~ Sungewald
6. Mother's Maiden Name, Furley
7. Mother's Birthplace, Fred Co Md
8. Full Name of Father, John L. Sungewald
9. Father's Occupation Hatter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edward K. London M.D.

Address, 1403 N. Fayette St.

Remarks,

18970000598

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20th January
4. *Place of Birth, (Street and Number)* Baltimore, 322 Lethia Place
5. *Full Name of Mother,* Emilie Mehl
6. *Mother's Maiden Name,* Emilie Hammer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fridolin Mehl
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1897U000599

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 20 97
4. *Place of Birth, (Street and Number)* 405 Beales Court
5. *Full Name of Mother,* Maggie Jennings
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Beale
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Cardine Miller

Address, 1625 Walker St

Remarks,

8 9 7 0 0 0 0 6 0 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20 '47
4. *Place of Birth, (Street and Number)* 64 Bankhead St
5. *Full Name of Mother,* Elizabeth Johnson
6. *Mother's Maiden Name,* Elizabeth Hanson
7. *Mother's Birthplace,* River Col
8. *Full Name of Father,* Gudun Johnson
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 192 Hillen Ave

Remarks,

8970000601

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-13-56

RETURN OF A BIRTH. 80504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reinhard Hetzner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of January 1897
4. Place of Birth, (Street and Number) 813 S. Rose St.
5. Full Name of Mother, Mary Hetzner
6. Mother's Maiden Name, = Betz.
7. Mother's Birthplace, Bavaria.
8. Full Name of Father, Lorenz Hetzner
9. Father's Occupation Laborer
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss.

Address, 613 S. Port St.

Remarks,

8 9 7 0 0 0 0 6 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	20 January
4. Place of Birth (Street and Number),	Sparrow Point
5. Full Name of Mother,	Theresa Dennis
6. Mother's Maiden Name,	Emelia Langley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Bas Dennis
9. Father's Occupation,	labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Francis Dennis
Address,	
Remarks,	

1897000006 03

The Baltimore Publishing Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 80506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 24, 1897.
4. Place of Birth, (Street and Number) 314 W. 29th St.
5. Full Name of Mother, Sarah E. Knight.
6. Mother's Maiden Name, Bauer.
7. Mother's Birthplace, Md.
8. Full Name of Father, Marvin Lee Knight.
9. Father's Occupation Printer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edward H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970000604

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21st 1897.
4. *Place of Birth, (Street and Number)* 885 W Lombard St.
5. *Full Name of Mother,* Mary A Dunn
6. *Mother's Maiden Name,* Mary A Sweath
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Isaac W Dunn
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. John S Pennington

Address, 1716 Linden Ave.

Remarks,

1 8 9 7 0 0 0 0 6 0 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 Jan
4. *Place of Birth, (Street and Number)* 1617 Mc Elderry St
5. *Full Name of Mother,* Maggie Rock
6. *Mother's Maiden Name,* M Duvall
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Rock
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Allen

Address, 1912 E Lexington St

Remarks,

8970000606

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[M 1236.]

RETURN OF A BIRTH. 81509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as she same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 24 1897.
4. *Place of Birth, (Street and Number)* 726 Church St.
5. *Full Name of Mother,* Mary Virginia Boring.
6. *Mother's Maiden Name,* Wilhelm.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* George W. Boring.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edward Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

8 4 7 0 0 0 0 6 0 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 805-10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22 97
4. *Place of Birth, (Street and Number)* 1419 N Washington Ave
5. *Full Name of Mother,* Annie Eisenberg
6. *Mother's Maiden Name,* Annie Jamenick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert H Eisenberg
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Washington D C.

Name of Medical Attendant, or other person who makes this Return Dr Jos C Eisenberg 2962

Address, N E Cor Bank & Wolfe 215

Remarks,

1897000006 08

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 22 1897
4. *Place of Birth, (Street and Number)*	1119 Clifton Pl
5. *Full Name of Mother,*	Etta Raver
6. *Mother's Maiden Name,*	" Graham
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Daniel Raver
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Graham
Address,	725 Columbia ave
Remarks,	

8970000609

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 8057/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 22nd 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Lilla Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Illegitimate Child
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Geo. M. Dobbin M.D.

Address, Johns Hopkins Hospital, Balt. Md.

Remarks,

8970000610

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 22nd 1897
4. Place of Birth, (Street and Number) 1024 Granby st.
5. Full Name of Mother, Mary Art
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Art
9. Father's Occupation Barber
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks.

8970000611

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 22nd 1897
4. Place of Birth, (Street and Number) 1214 Gough st.
5. Full Name of Mother, Mary Ernst
6. Mother's Maiden Name, Heise
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ernst
9. Father's Occupation Musician
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970000612

Wm. J. C. Dulany Co., City Printers and Stationers

ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 22 1897
4. *Place of Birth, (Street and Number)* No 30 old Bedford road
5. *Full Name of Mother,* Pika Cobole
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* William Cobole
9. *Father's Occupation* brewery man
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, Calvert St near Hadley Lane

Remarks,

18970000613

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 January
4. *Place of Birth, (Street and Number)* 1202 Edington H
5. *Full Name of Mother,* Bekie Gordon
6. *Mother's Maiden Name,* " Bike
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Henry Gordon
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. R Cullen

Address, 1202 Edmington Av

Remarks,

8 4 7 0 0 0 0 6 1 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22 1897
4. *Place of Birth, (Street and Number)* 1134 Saratoga st
5. *Full Name of Mother,* Olivia Becraft
6. *Mother's Maiden Name,* Holtz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Becraft
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Frederick Co.

Name of Medical Attendant, or other person who makes this Return, Geary E Jones

Address, 1121 Saratoga St. Balto Md

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970000615

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 22nd 1897
4. *Place of Birth, (Street and Number)* 1304 Penn. Ave.
5. *Full Name of Mother,* Bridget Albrecht.
6. *Mother's Maiden Name,* Mc Grew
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Albrecht.
9. *Father's Occupation* Carriage - finishing
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. McDulany M.D.

Address, Johns Hopkins Hospital. Baltimore Md.

Remarks,

8970000006116

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-7-52

RETURN OF A BIRTH. 80519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Katherine~~ Klehm Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 23/97
4. *Place of Birth, (Street and Number)* 1718 N. Bond St.
5. *Full Name of Mother,* Emma Meyer
6. *Mother's Maiden Name,* " Schutte
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Meyer
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deibenhofer

Address, 241 S. Washington St.

Remarks,

8470000617

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* German white
3. *Date of Birth,* 1572 Riggs av
4. *Place of Birth, (Street and Number)* Jany. 23/97
5. *Full Name of Mother,* Eliz Ludwig
6. *Mother's Maiden Name,* Eliz Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad H Ludwig
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks,

8970000618

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

80521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 23rd 1897
4. *Place of Birth (Street and Number)*	522 N Gay St
5. *Full Name of Mother*	Lida B, Frebel
6. *Mother's Maiden Name*	~ ~ Seward
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Wesley French
9. *Father's Occupation*	Butter Merchant
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	Saml J Brent M.D.
Address	314 N Eutaw St
Remarks	

8970000619

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 d Jan. 1897
4. *Place of Birth, (Street and Number)* 1502 N. Dallas St
5. *Full Name of Mother,* Ida Mary Arastch
6. *Mother's Maiden Name,* Ida Mary Garsuch
7. *Mother's Birthplace,* Baltimore Co. Back River
8. *Full Name of Father,* Philip John Frastel
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Co. St. Josephs

Name of Medical Attendant, or other person who makes this Return, Luisa Fratora

Address, 1010 Durham st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1897000006 20

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236]

RETURN OF A BIRTH. 80523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Note. This schedule shall contain a list of the births which have occurred in any family during the month, and shall be signed by the Commissioner of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 of January 1898
4. *Place of Birth, (Street and Number)*	2132 Mura st
5. *Full Name of Mother,*	Annie Kallal
6. *Mother's Maiden Name,*	Annie Krecek
7. *Mother's Birthplace,*	Bohimen Evropa
8. *Full Name of Father,*	Frank Kallal
9. *Father's Occupation*	Shapmer
10. *Father's Birthplace,*	Austrien
Name of Medical Attendant, or other person who makes this Return,	Luisa Krätora
Address,	1010 Durham st
Remarks,	

8970000621

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

RETURN OF A BIRTH. 80524

GIVEN NAME ADDED 5-9-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth Baroch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fimale
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of January 1897 (1897 / 89?)
4. Place of Birth, (Street and Number) 941 Hopkins ave
5. Full Name of Mother, Soufi Baroch
6. Mother's Maiden Name, Soufi Bruha
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Frank Baroch
9. Father's Occupation Thailor
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham Str

Remarks,

1 8 9 7 0 0 0 0 6 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 rd Jan. 1897
4. *Place of Birth, (Street and Number)* 1814 nr Henry st
5. *Full Name of Mother,* Carrie J. Taylor
6. *Mother's Maiden Name,* Carrie J. Bishop
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Taylor
9. *Father's Occupation,* Trimmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayes

Address, 914 Hollins st

Remarks,

1897000623

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23rd 1897
4. Place of Birth, (Street and Number) 1014 Price Place
5. Full Name of Mother, Mary Welch
6. Mother's Maiden Name, Barbara Redmond
7. Mother's Birthplace, St Mary's Co Md
8. Full Name of Father, Martin Welch
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Wm Nedaba M D

Address, Johns Hopkins Hospital Baltimore Md

Remarks,

1897000006241

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Wht

3. *Date of Birth,* January 2 97

4. *Place of Birth, (Street and Number)* 1420 Hoffman St.

5. *Full Name of Mother,* Annie Jennings

6. *Mother's Maiden Name,* Thorpe

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Jennings

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 1426 Pierpoint at.

Remarks,

8970000625

Rem'k. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Januari 1897
4. *Place of Birth, (Street and Number)* 236 Hanover Alley
5. *Full Name of Mother,* Loreta Garicari
6. *Mother's Maiden Name,* Li Di Cicco
7. *Mother's Birthplace,* Atina Italy
8. *Full Name of Father,* Cosmo Di Cicco
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Ste Elia Fiumerapida Contrada Italy

Name of Medical Attendant, or other person who makes this Return. Paluna Giannarelli

Address, 923 Eastern Ave.

Remarks, Michele Bene Ste Giovanni Battista Di Cicco

+ 8970000626

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, and if no physician or midwife was in attendance, then the name of the person who performed that office, and the name of the person who makes this return. Such certificate shall be given between the first and third day of each and every month in the form of a certificate to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 9-22-58

RETURN OF A BIRTH. 80529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edythe Emma Iardella

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulé
3. Date of Birth, Jan. 24. 1897
4. Place of Birth, (Street and Number) 304 Saratoga St
5. Full Name of Mother, Anna L. ~~Iardella~~ Iardella
6. Mother's Maiden Name, Anna L. Ruder
7. Mother's Birthplace, Ky.
8. Full Name of Father, W. F. ~~Iardella~~ Iardella
9. Father's Occupation, Painter
10. Father's Birthplace, Wash. D.C.

Name of Medical Attendant, or other person who makes this Return, R. H. Evans

Address, N.E. Cor Carey & Fayette St.

Remarks,

8970000627

The Law requires that a Return of every Birth which occurs in Baltimore City shall be made within five days after the occurrence thereof, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 80530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 24 th 1897
4. *Place of Birth, (Street and Number)* 431 N. Washington Ave
5. *Full Name of Mother,* Jennie Struben
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Mateka
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koplus

Address, 205 N. Washington Ave

Remarks,

8 9 7 0 0 0 0 6 2 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-4-57

RETURN OF A BIRTH. 180531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Grill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24/97
4. Place of Birth, (Street and Number) 2057 Preston Str.
5. Full Name of Mother, Elizabeth Grill
6. Mother's Maiden Name, " Alt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Gottfried Grill
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diffenhofer

Address, 241 S. Washington Av.

Remarks,

8970000629

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 24 th 97
4. *Place of Birth, (Street and Number)* Henrietta & Light Sts.
5. *Full Name of Mother,* Kate V. Riley
6. *Mother's Maiden Name,* Kate Stork
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* M & Riley
9. *Father's Occupation,* Hat dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. B. Bond MD

Address, 516 Hanover

Remarks,

8970000630

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24/97
4. Place of Birth, (Street and Number) 6 Irvin Place.
5. Full Name of Mother, Mary Gier
6. Mother's Maiden Name, V. Fiacho
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Ghir
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenbacher

Address, 24 S. Washington St.

Remarks,

8970000631

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 80534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24th Jun.
4. *Place of Birth, (Street and Number)* 415 Keyser. Ave.
5. *Full Name of Mother,* Maria Summan
6. *Mother's Maiden Name,* Maria Parr.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Summan.
9. *Father's Occupation* Sexton
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Geis midwife

Address, 1417 E. Eager St.

Remarks,

8 9 7 0 0 0 0 6 3 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. 80535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 to

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 Jan
4. *Place of Birth, (Street and Number)* 1417 E. Eager St.
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Maria Hunter
7. *Mother's Birthplace,* New York.
8. *Full Name of Father,* Edward Vonfagel
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Dintmidwife

Address, 1417 E Eager St

Remarks,

8 9 7 0 0 0 0 6 3 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25, 97
4. Place of Birth, (Street and Number) 2002 Bank st
5. Full Name of Mother, Mary R Dakin
6. Mother's Maiden Name, Mary R Rummel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ossian D Dakin
9. Father's Occupation Bargeman
10. Father's Birthplace, Digby N. Nova Scotia

Name of Medical Attendant or other person who makes this Return, Adolph C Eisenberg AB 162

Address, N.E. Cor Bank & Wolfe sts

Remarks,

8970000634

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 25 97

4. *Place of Birth, (Street and Number)* 1240 No Eastern Ave

5. *Full Name of Mother,* Rebecca Goodstein

6. *Mother's Maiden Name,* " Morris

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Isaac Goodstein

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson

Address, 136 E. Fort Ave.

Remarks,

1897U000006635

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female. Jessie Pridham
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 25th 1897.
4. *Place of Birth, (Street and Number)*	117 Fulton Ave.
5. *Full Name of Mother,*	Emily Pridham.
6. *Mother's Maiden Name,*	Emily Pett.
7. *Mother's Birthplace,*	England.
8. *Full Name of Father,*	Francis H Pridham.
9. *Father's Occupation*	Engraver, on Silver
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	John I Pennington
Address,	1716 Linden Ave.
Remarks,	Full name of child added by aunt upon applying for a transcript. Ellen Pridham. Aunt

J. E. Helm
Feb. 21-1928.

7 000 00636

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 25th 1897
4. Place of Birth, (Street and Number) 128 S. Exeter st.
5. Full Name of Mother, Fromme Swidgal
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Eli Swidgal
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970000637

Wm. J. C. Dulany Co., City Printers and Stationers

...rths which have occurred under his or her care during the ...ascertained the full name of each child, (if any shall have ...upation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...shall occur without the attendance of a physician or prac... ...immediately thereafter it sh... ...attendance upon the mother, immediately thereafter it sh... ...child to report its birth to the Commissioner of Health, in t... ...any such person or persons who shall hereafter fail to com... ...jected to the fine of ten (10) dollars for each offence, to be re... ...to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 80540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25 th 1897
4. Place of Birth, (Street and Number) 72 [redacted] Bayes to St.
5. Full Name of Mother, Mary Jerouse b.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Jerouse b.
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptus

Address, 205 N Washington Ave

Remarks,

8970000638

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 80541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 25.
4. *Place of Birth, (Street and Number)* No 1718 Johnson st
5. *Full Name of Mother,* Mrs Mary Amer
6. *Mother's Maiden Name,* " " Carroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr George Amer
9. *Father's Occupation* Labr
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Katie Lear

Address, No 1705 Byrd st

Remarks, Baltimore Md

8 9 7 0 0 0 0 6 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 25 97
4. *Place of Birth, (Street and Number)* 1820 Alice Ann St.
5. *Full Name of Mother,* Mary Brockman
6. *Mother's Maiden Name,* " Schaefer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Brockman
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 241 S. Washington St.

Remarks,

8970000006400

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under its of her care during the **month,** and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 80543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 14th 1897.
4. *Place of Birth, (Street and Number)* 933 E. Eager Street.
5. *Full Name of Mother,* Mrs John Coffey.
6. *Mother's Maiden Name,* Mary Tierney.
7. *Mother's Birthplace,* Baltimore, M. D.
8. *Full Name of Father,* John Coffey.
9. *Father's Occupation* Restaurant
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs Nugent Douglas

Address, 1303 Ashland Ave.

Remarks,

8 9 7 0 0 0 0 6 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ation of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of ... register of such births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 26th 97
4. *Place of Birth, (Street and Number)* 103 W. Monument St
5. *Full Name of Mother,* Mrs. Richardson
6. *Mother's Maiden Name,* Howe
7. *Mother's Birthplace,* Maine and
8. *Full Name of Father,* W. W. Richardson
9. *Father's Occupation,* merchant
10. *Father's Birthplace,* Maine and

Name of Medical Attendant, or other person who makes this Return. W. W. Russell

Address, 1503 Madison Ave

Remarks,

8970000642

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 80545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 26th January 1897
4. Place of Birth, (Street and Number) 1013 Parrish alley
5. Full Name of Mother, Jasepkine Caldwa
6. Mother's Maiden Name, Josepkine Gray
7. Mother's Birthplace, Prince George's Co.
8. Full Name of Father, Thomas Caldwall
9. Father's Occupation Driver
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1635 Lucas alley

Remarks,

1897 0 0 0 0 6 4 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in books to be kept for that purpose, and to be the property of the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 26th 1897.
4. *Place of Birth, (Street and Number)*	1825 E. Chase St.
5. *Full Name of Mother,*	L E Smith
6. *Mother's Maiden Name,*	L E Davis
7. *Mother's Birthplace,*	Berlin Md
8. *Full Name of Father,*	J W Smith
9. *Father's Occupation*	Railroader
10. *Father's Birthplace,*	Loretto Md
Name of Medical Attendant, or other person who makes this Return,	W R Caskey
Address,	213 E Fleet St
Remarks,	Doing Well

1897000000644

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy - Paul Henry Singewald
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26/27
4. Place of Birth, (Street and Number) 5 N. Washington Av.
5. Full Name of Mother, Annie E. Singewald
6. Mother's Maiden Name, " " Günther
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward M. Singewald
9. Father's Occupation Doctor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deigenhofer

Address, 241 S. Washington Av.

Remarks, Full given name of child added by step father upon applying for a transcript.

Chas. G. Bruce
J. E. Wilm
Birth Records Clerk

July 2-1928.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 4-23-59

RETURN OF A BIRTH. 80548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child, Matilda Weber
2. Sex, (state whether male or female) Fem.
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan. 26/9[illegible] Fri.
5. Place of Birth, (Street and Number) 1719 Bank
6. Full Name of Mother, Annie Weber
7. Mother's Maiden Name, Jenkins
8. Mother's Birthplace, Balto.
9. Full Name of Father, Henry Weber
10. Father's Occupation Cigarmaker
11. Father's Birthplace, Balto.
12. Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer
13. Address, 241 S. Washington St.
14. Remarks, 8970000646

Health, and shall set forth as far as can be ascertained from the parents or other informants the following particulars, viz.: 1st. The name of the child, if it has been named. 2d. Its sex. 3d. Color. 4th. Date of birth. 5th. Place of birth, (Street and Number). 6th. Full name of mother. 7th. Maiden name of mother. 8th. Birthplace of mother. 9th. Full name of father. 10th. Occupation of father. 11th. Birthplace of father. 12th. Name of medical attendant or other person making this return. 13th. Address of informant. 14th. Remarks.

Sec. 2. And be it further ordained, That the Commissioner of Health shall obtain from the Clerk of the Circuit Court for Baltimore City, and from the Clerk of the Superior Court of Baltimore City, a list of the births which have been recorded in the Courts of which they are Clerks, and shall compare the same with the records of births in the Office of the Commissioner of Health, and shall ascertain the names of all persons whose births have been recorded in the Courts aforesaid, but not in the Office of the Commissioner of Health, and shall cause to be procured from the parents or guardians of such persons, or from the attending physician or midwife, the information required by this Ordinance to be recorded in the Office of the Commissioner of Health, and shall enter the same in the records of his Office, and shall report to the Grand Jury of Baltimore City, at the first session of each term of the Criminal Court of Baltimore, the names of all persons who have failed to comply with the provisions of this Ordinance, and the names of the parents or guardians of such persons, and the names of the physicians or midwives who have failed to report the births of such persons, as required by this Ordinance.

Sec. 3. And be it further ordained, That the Commissioner of Health shall cause to be published in the month of January in each year, a report containing the number of births recorded in the Office of the Commissioner of Health during the preceding year, and the number of births which have been recorded in the Courts aforesaid, but not in the Office of the Commissioner of Health, and the number of births which have been recorded in the Office of the Commissioner of Health, but not in the Courts aforesaid, and the number of births which have been recorded in the Courts aforesaid, and in the Office of the Commissioner of Health, and the number of births which have been recorded neither in the Courts aforesaid nor in the Office of the Commissioner of Health, and the number of births which have been recorded in the Courts aforesaid, and in the Office of the Commissioner of Health, and the number of births which have been recorded neither in the Courts aforesaid nor in the Office of the Commissioner of Health, and the number of births which have been recorded in the Courts aforesaid, and in the Office of the Commissioner of Health, and the number of births which have been recorded neither in the Courts aforesaid nor in the Office of the Commissioner of Health.

Sec. 4. And be it further ordained, That the Commissioner of Health shall cause to be published in the month of January in each year, a report containing the number of births recorded in the Office of the Commissioner of Health during the preceding year, and the number of births which have been recorded in the Courts aforesaid, but not in the Office of the Commissioner of Health, and the number of births which have been recorded in the Office of the Commissioner of Health, but not in the Courts aforesaid, and the number of births which have been recorded in the Courts aforesaid, and in the Office of the Commissioner of Health, and the number of births which have been recorded neither in the Courts aforesaid nor in the Office of the Commissioner of Health, and the number of births which have been recorded in the Courts aforesaid, and in the Office of the Commissioner of Health, and the number of births which have been recorded neither in the Courts aforesaid nor in the Office of the Commissioner of Health, and the number of births which have been recorded in the Courts aforesaid, and in the Office of the Commissioner of Health, and the number of births which have been recorded neither in the Courts aforesaid nor in the Office of the Commissioner of Health.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 26th 1891
4. *Place of Birth, (Street and Number)*	221 Scott St
5. *Full Name of Mother,*	Julia Bruce
6. *Mother's Maiden Name,*	" Jennings
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edw Bruce
9. *Father's Occupation*	Distiller
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	725 Columbia ave
Remarks,	

1897 00000647

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26th 97.
4. Place of Birth, (Street and Number) 1291 William St
5. Full Name of Mother, Mrs. Mabel Coggins
6. Mother's Maiden Name, Mabel Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Edward Coggins
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Harry Gross, M.D.

Address, 1304 S. Charles St.

Remarks, L.O.A.C.M. Premature - weight of child 4 lbs.

B97U000648

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1255.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26th Jan
4. *Place of Birth, (Street and Number)* 23 N. Dallas St.
5. *Full Name of Mother,* Lizzie Farber
6. *Mother's Maiden Name,* Lizzie Wachter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Farber.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Spitzmeiser

Address, 1417 E. Eager St

Remarks,

1897 00000649

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

80552

CERTIFICATE CORRECTED 3-15-65

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

NAME: Alice Wood

No. of Child of Mother, (~~1st, 2d, 3d, &c.~~)

1. *Sex*, (~~male or female~~ female)
2. *Race or Color*, (~~if not of the~~ white ~~or col'd~~)
3. *Date of Birth*, ~~January 27th 1897~~ January 19, 1897
4. *Place of Birth*, (Street and Number) 712 Mann St
5. *Full Name of Mother*, Elizabeth Mary Wood
6. *Mother's Maiden Name*, Mary Elizabeth (~~Reilly~~) McColm
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, William Wood
9. *Father's Occupation*, Book Keeper & Clerk
10. *Father's Birthplace*, (~~U.S.~~) Pennsylvania

Name of Medical Attendant, or other Person who makes this Return — Pearce Kintzing M.D.

Address, 424 N. Greene St

Remarks, LOA

1897 0 0 0 0 6 5 0

"Every Physician, Midwife, or other person having charge of any case, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

805553

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th. child.

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* 27th. day of January '97.

4. *Place of Birth (Street and Number)* No. 1316 Walbrook St.

5. *Full Name of Mother* Mrs. Kate Delaroque.

6. *Mother's Maiden Name* Katie Kerr.

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Arthur C. Delaroque

9. *Father's Occupation* Bookbinder.

10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Landrau

Address 1049 Hillen Court St.

Remarks

Daingerfield

18970000651

RM 1236.]

RETURN OF A BIRTH. 81554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27th 1897
4. Place of Birth, (Street and Number) 427 N Duncan alley
5. Full Name of Mother, Marie Baroch
6. Mother's Maiden Name, Bohrmann
7. Mother's Birthplace, Bohrmann
8. Full Name of Father, James Baroch
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Bohrmann

Name of Medical Attendant, or other person who makes this Return, Mary Dopky

Address, 205 N Washington St

Remarks,

8970000652

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

rm 1236.]

RETURN OF A BIRTH. 80555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27th 1892
4. *Place of Birth, (Street and Number)* 420 Dunmaldey
5. *Full Name of Mother,* Babara Novak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Novak
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Bates

Address, 805 N Washington St

Remarks,

8970000653

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27/97
4. Place of Birth, (Street and Number) 306 S. Dunn St.
5. Full Name of Mother, Katie Timm
6. Mother's Maiden Name, Buckley
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Timm
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 241 S. Washington St.

Remarks,

18970000654

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the manner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27 1897
4. Place of Birth, (Street and Number) 1113 Elizabeth Lane
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Hartenstine
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John J Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, W R Caskey

Address, 213 E Heath street.

Remarks, Living Well

18970000655

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	J.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	27 January
4. *Place of Birth, (Street and Number)*	108 Cocsii St.
5. *Full Name of Mother,*	Josefa Jwraick.
6. *Mother's Maiden Name,*	Galina
7. *Mother's Birthplace,*	Bohimia
8. *Full Name of Father,*	Anton Jwraick
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Bohimia
Name of Medical Attendant, or other person who makes this Return.	Dorothy Mahan
Address,	1331 Hill St.
Remarks,	

8 7 0 0 0 0 6 5 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28, 1897
4. *Place of Birth, (Street and Number)* 1218 S. Charles St
5. *Full Name of Mother,* Kate Nickols
6. *Mother's Maiden Name,* Kate Palmeyer Ball
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Nickols
9. *Father's Occupation* Fish Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno R. Gaskill M.D.

Address, 2132 E Baltimore St

Remarks, Living Well

8970000657

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

M 1236]

over

RETURN OF A BIRTH. 80560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Caroline Kolarik

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28 of January 1897
4. Place of Birth, (Street and Number)	1755 Carlisle place
5. Full Name of Mother,	Mary Kolarik
6. Mother's Maiden Name,	Mary Češka
7. Mother's Birthplace,	Bohimen Evropa
8. Full Name of Father,	John Kolarik
9. Father's Occupation	Thailor
10. Father's Birthplace,	Bohimen Evropa
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham str
Remarks,	

1897000006 58

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

PERFECTY A FILM

RETURN OF A BIRTH. 80561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 29/897
4. *Place of Birth, (Street and Number)*	217 E Heath St
5. *Full Name of Mother,*	Lizzie Coughman
6. *Mother's Maiden Name,*	Lizzie Fishbeck
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Fred Coughman
9. *Father's Occupation*	Brass Moulder
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Gaskey
Address,	213 E Heath St
Remarks,	Hosp Well

1 8 9 7 0 0 0 0 6 5 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 30
4. *Place of Birth, (Street and Number)* 203 Oest 24
5. *Full Name of Mother,* Alice Louise
6. *Mother's Maiden Name,* " Linton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Louise
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible] Morrison

Address, 412 Oest 24

Remarks,

1 8 9 7 0 0 0 0 6 6 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its p said schedule shall be delivered, duly signed by the practitioner in t third day of each and every month to the office of the Commission shall occur without the attendance of a physician or practioner of attendance upon the mother, immediately thereafter it shall becom child to report its birth to the Commissioner of Health, in the manne any such person or persons who shall hereafter fail to comply with t jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 9 Jan 31
4. *Place of Birth, (Street and Number)* 1201 Russell St
5. *Full Name of Mother,* Jennie Allers
6. *Mother's Maiden Name,* Connely
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William F. Allers
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Morrison

Address, 412 Scott

Remarks,

1 8 9 7 0 0 0 0 6 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 80564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 31st January
4. *Place of Birth, (Street and Number)* 1622 E. Monument St
5. *Full Name of Mother,* Ida M. Thompson
6. *Mother's Maiden Name,* Ida M. King
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Thompson
9. *Father's Occupation* Bank assistant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Price

Address, 1630 Eastlund Ave

Remarks, Healthy child

1897 0 0 0 0 6 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 Jan
4. Place of Birth, (Street and Number) 1409 Eager st
5. Full Name of Mother, Augusta Miller
6. Mother's Maiden Name, Augusta Schuman
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Miller
9. Father's Occupation Labore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 1820 Canton Ave

Remarks,

8970000663

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 18th 97.
4. *Place of Birth, (Street and Number)* 1910 N. Chapel st.
5. *Full Name of Mother,* Maggie Fuchs
6. *Mother's Maiden Name,* Maggie Wisser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Fuchs
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1032 N. Caroline st.

Remarks,

8 9 7 0 0 0 0 6 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color; (if not of the white race)* White
3. *Date of Birth,* January 19th 97
4. *Place of Birth, (Street and Number)* 1200 N. Eden st.
5. *Full Name of Mother,* Lena Meyer
6. *Mother's Maiden Name,* Lena Kleth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hugo Meyer
9. *Father's Occupation* Silver Chaser
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1033 N. Caroline Str.

Remarks,

+ 8 9 7 0 0 0 0 6 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27th 97
4. *Place of Birth, (Street and Number)* 1632 E. Madison st.
5. *Full Name of Mother,* Elizabeth Pittinger
6. *Mother's Maiden Name,* E. Carr
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wm. Pittinger
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Fredk H. A. Meyer M.D.

Address, 1032 N. Caroline st.

Remarks,

8970000666

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 January 1897
4. *Place of Birth, (Street and Number)* Baltimore City
5. *Full Name of Mother,* Regina J Bates
6. *Mother's Maiden Name,* Regina J McCarthy
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henery J Bates
9. *Father's Occupation* Rail Roader
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1897 00000667

Wm. J. C. Dulany Co., City Printers and Stationers.

Number of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such births, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 7th 1897
4. *Place of Birth, (Street and Number)* 502 Wyeth St.
5. *Full Name of Mother,* Mrs. Mary Ann Winkes
6. *Mother's Maiden Name,* Mary Ann Coakley
7. *Mother's Birthplace,* Texas, Balto. Co.
8. *Full Name of Father,* Anthony Winkes
9. *Father's Occupation* Church Organist & Teacher
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangz

Address, 710 N Cross st.

Remarks,

1897 00000668

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 12-22-58

RETURN OF A BIRTH. 80571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Regina Campbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 2nd 1858.

4. Place of Birth, (Street and Number) 261 Forrest near St

5. Full Name of Mother, Catherine Campbell

6. Mother's Maiden Name, Flynn.

7. Mother's Birthplace, New York.

8. Full Name of Father, Thos. F. Campbell

9. Father's Occupation Machinist

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, C. H. Christian M.D.

Address, 101 Madison Ave.

Remarks,

1897000000669

Rule. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 3-97
4. *Place of Birth, (Street and Number)* 1107 Brevard st
5. *Full Name of Mother,* Mary Groff
6. *Mother's Maiden Name,* Dmit Kuor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* M. F. Groff
9. *Father's Occupation* Janitor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Chas H. Burbert

Address, 1928 Penna Ave

Remarks,

18970000670

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether ~~male~~ or ~~female~~) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 1897
4. Place of Birth, (Street and Number) 437 Oxford Ave
5. Full Name of Mother, Annie R. Trought
6. Mother's Maiden Name, Annie R Dilley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Walter G. Trought
9. Father's Occupation Electric Car Motorman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, William F. Pillsbury M.D.

Address, 617 E. 37th St. N.

Remarks, Child has to join the name of Gladys, Katie Trought

8A70000671

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First baby.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 13
4. Place of Birth, (Street and Number) 1714 N. Mount st
5. Full Name of Mother, Mrs Laura E. Kelley
6. Mother's Maiden Name, Miss Laura Kirk.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William J. Kelley.
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs M. J. Shockney

Address, 731 Cumberland

Remarks,

1897000672

Wm. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of unidwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 97
4. *Place of Birth, (Street and Number)* 1712 Lonman st
5. *Full Name of Mother,* Rosa ~~Stitz~~ - Scholl
6. *Mother's Maiden Name,* Stitz
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Mark Scholl
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Zubert

Address, 1918 Penna Ave

Remarks,

8970000673

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 80576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* [illegible] Hanover Lane

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1897 00000674

Wm. J. C. Dulany Co., City Printers and Stationers.

1897

RETURN OF A BIRTH 81577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Child of Edward Buppert	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 18, 1897
4. Place of Birth, (Street and Number)	1402 Riggs Ave.
5. Full Name of Mother,	Amelia L. Buppert
6. Mother's Maiden Name,	Suback
7. Mother's Birthplace,	Balt. Co.
8. Full Name of Father,	Benjamin F. Buppert
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balt. Co.
Name of Medical Attendant, or other person who makes this Return.	John Hood, M.D.
Address,	16 S. Gilmor St.
Remarks,	

1897 0 0 0 0 6 7 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 20
4. *Place of Birth, (Street and Number)* 1 Bruce st 1234
5. *Full Name of Mother,* Ella A Mahoney
6. *Mother's Maiden Name,* Ella A Mahoney
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James H Saunders
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Edentown N Carolina

Name of Medical Attendant, or other person who makes this Return, Gradie Forbis

Address, 818 Stockton st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970000676

Form 1236.]

aww

RETURN OF A BIRTH. 80579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Le Roy Watkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21 - 97.
4. Place of Birth, (Street and Number) 1426 N. Fulton ave
5. Full Name of Mother, Lily Watkins
6. Mother's Maiden Name, Lily Tyler
7. Mother's Birthplace, Talbot Co. Md
8. Full Name of Father, Henry Watkins
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Harry Boyd

Address, 677 Columbus ave

Remarks,

1897 0 0 0 0 6 7 7

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or super intendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 21st 1897
4. Place of Birth, (Street and Number) 737 E Preston
5. Full Name of Mother, Charlotte Smeade West
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Edward J Smeade
9. Father's Occupation, Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo Reynolds

Address, 711 N Calvert St

Remarks,

1897 0000678

SECTION 7.—And be it further enacted, that every person who shall hereafter take charge of any child born in Baltimore city, or who shall have the charge or superintendence a birth shall hereafter take place, shall, within ten days thereafter, cause the Commissioner of Baltimore under whose charge or superintendence a birth shall have taken place, to be furnished by the Commissioner of register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 80581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* January 22nd 97
4. *Place of Birth, (Street and Number)* 204 N. Eutaw ave
5. *Full Name of Mother,* Sarah Ehlich
6. *Mother's Maiden Name,* Sarah Pinus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Berthold Ehlich
9. *Father's Occupation,* Foreman in Meat Packing
10. *Father's Birthplace,* Lawsal Ga

Name of Medical Attendant, or other person who makes this Return. Raymond C Silver M.D

Address, 1427 E. Fayette St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1 8 9 7 0 0 0 0 6 7 9

RETURN OF A BIRTH. 80582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 26th 1897
4. *Place of Birth, (Street and Number)* 1417 Druid St
5. *Full Name of Mother,* Lelia H. Williams
6. *Mother's Maiden Name,* Lelia H. Briggs
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Samuel E. Williams
9. *Father's Occupation* Marble Polisher
10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Mrs Grace Harris

Address, 818 Stockholm St

Remarks,

1897 000006800

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27th 1897
4. Place of Birth, (Street and Number) 1842 Waltemeyer Court
5. Full Name of Mother, Mary E. Buckingham
6. Mother's Maiden Name, Mary E Segre
7. Mother's Birthplace, Ellicott City Ind
8. Full Name of Father, Edward E. Buckingham
9. Father's Occupation Painter
10. Father's Birthplace, Carroll County Ind

Name of Medical Attendant, or other person who makes this Return, Jno. A. J. Buckey

Address, 731 Cumberland St

Remarks,

8970000681

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 11-13-58

RETURN OF A BIRTH. 80584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucy Van Dyke ~~White~~ 1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 28, 1897
4. Place of Birth, (Street and Number) 927 N. Carey st.
5. Full Name of Mother, Gertrude White.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, D. T. White
9. Father's Occupation Coachmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney M.D.

Address, 837 N. Eutaw St.

Remarks,

Register of Such Birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897 U 000682

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29 97
4. Place of Birth, (Street and Number) 328 W. North Ave
5. Full Name of Mother, Ida N Hughes
6. Mother's Maiden Name, Ida N Sumner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Milton G. Hughes
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E G Jacobus M D

Address, 702 Madison Ave

Remarks,

1897000006883

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* ~~White~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 30th 1897
4. *Place of Birth, (Street and Number)* 895 Cross street
5. *Full Name of Mother,* Lillie E. Carter
6. *Mother's Maiden Name,* Lillie Hurst
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Dobson Carter
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, A D Caspari

Address, 213 E Heath st

Remarks, Living Well

18970000684

Wm. J. C. Dulany Co., City Printers and Stationers

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

Name of child: Milton Jacob Kepler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, January 31st 1897
4. *Place of Birth*, (Street and Number) 914 Stiles St
5. *Full Name of Mother*, Della Dena (Kepler) Kepler
6. *Mother's Maiden Name*, " " Hoke
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, William Kepler
9. *Father's Occupation* Traveling Salesman
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Geo B Reynolds

Address, 711 N Calvert St

Remarks,

8970000685

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* January 31st " 1897
4. *Place of Birth, (Street and Number)* 1609 Fulton St
5. *Full Name of Mother,* Ella Perry
6. *Mother's Maiden Name,* Ella Lynch
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William H. Perry
9. *Father's Occupation* Locomotive Engineer
10. *Father's Birthplace,* St Mary's Co. Maryland

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury

Address, 602 E. 29th St.

Remarks,

8970000686

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

80589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1st 1827
4. *Place of Birth, (Street and Number)* 1522 Holbrook St
5. *Full Name of Mother,* Martha Zimmerman
6. *Mother's Maiden Name,* Kalb
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* Marshall Zimmerman
9. *Father's Occupation* Co inspector
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return, Dr. B Ballagher

Address, 1206 E. Preston St

Remarks,

8 9 7 0 0 0 0 6 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

80590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 10th 1897

4. Place of Birth, (Street and Number) 1622 Aisquith st

5. Full Name of Mother, Mary Kearney

6. Mother's Maiden Name, Gillespie

7. Mother's Birthplace, Ireland

8. Full Name of Father, James R Kearney

9. Father's Occupation Porter

10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston st

Remarks,

8970000688

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

80591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Every Physician, Midwife, or other person having charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Yde

1. Sex, (state whether male or female) Sob
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 1 Januar 1897
4. Place of Birth, (Street and Number) Thames St 1516
5. Full Name of Mother, Walentyna Siejak
6. Mother's Maiden Name, " Bankalska
7. Mother's Birthplace, Deutchland
8. Full Name of Father, Stanislaus Siejak
9. Father's Occupation Arbeiter
10. Father's Birthplace, Deutchland

Name of Medical Attendant, or other person who makes this Return, M. Regner

Address, Inn St 721

Remarks, Baltimore

8970000006689

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-21-00

RETURN OF A BIRTH. 80392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lucille ~~Elizabeth~~ Ellis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. (2nd ~~1st~~) 1897.
4. Place of Birth, (Street and Number) 1626 E. Oliver st.
5. Full Name of Mother, (~~Annie~~ Anna) E. Ellis
6. Mother's Maiden Name, " " Laplante
7. Mother's Birthplace, (~~Hogansburg~~ Watertown), N. Y.
8. Full Name of Father, (~~Frank~~ Frances) K. Ellis
9. Father's Occupation, Auctioneer
10. Father's Birthplace, Watertown, N. Y.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks,

8970000690

register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 80593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 4, 1894.

4. Place of Birth, (Street and Number) Wolfe street, near Nicholson

5. Full Name of Mother, Eva Schaefer.

6. Mother's Maiden Name, Eva Richl

7. Mother's Birthplace, Germany.

8. Full Name of Father, Henry Schaefer

9. Father's Occupation Weaver.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno. A. Atwell, M.D.

Address, 1741 Hanford ave

Remarks,

8970000006911

Baltimore under whose charge or supervision a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 5th 97
4. *Place of Birth, (Street and Number)*	1032 Stockton St
5. *Full Name of Mother,*	Mrs Ida Carter
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Mr — Carter
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	John F. O'Connor MD
Address,	Maternite 118 W. Lombard St.
Remarks,	

8970000692

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 80595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 5th 1897
4. *Place of Birth (Street and Number),* 410 Gilman Street, West
5. *Full Name of Mother,* Katie Wolf
6. *Mother's Maiden Name,* Katie Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adrain Hughes
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other person who makes this Return. Mc Magdalene Warner M.D.

Address, 410 Gilman Street, West

Remarks,

0 7 0 0 0 0 0 6 9 3

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 81596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimcre City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether male or female), Female
2. *Race or Color* (if not of the white race), Colored
3. *Date of Birth,* January 6th, 1897
4. *Place of Birth* (Street and Number), 410 Hoffman Street, West
5. *Full Name of Mother,* Amelia Webb
6. *Mother's Maiden Name,* Amelia Webb
7. *Mother's Birthplace,* Richmond County, Virginia
8. *Full Name of Father,* Lehman Simmons
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

0 4 7 0 0 0 0 6 9 4

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 8/15 97

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, January 8th, 1897
4. Place of Birth (Street and Number), 418 Hoffman Street
5. Full Name of Mother, Margaret A. Gideon
6. Mother's Maiden Name, Margaret Amelia Gideon
7. Mother's Birthplace, Baltimore County, Md.
8. Full Name of Father, Charles Hessner
9. Father's Occupation, Butcher
10. Father's Birthplace, Kent County, Md.

Name of Medical Attendant, or other person who makes this Return. M. Wray Helena Warner, M.D.

Address, 418 Hoffman Street, West

Remarks,

1897 00008695

The Baltimore Publishing Co., City Printers and Stationers

FORM 1236.] Feb 24 1897 CERTIFICATE AMENDED

9/23/16 MCR

RETURN OF A BIRTH. 81398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

EDWARD JOHN WORTHINGTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11, 1897.
4. Place of Birth, (Street and Number) No. 1415 E. Lanvale Street
5. Full Name of Mother, Bridget Worthington
6. Mother's Maiden Name, Bridget Barrett
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Henry Worthington
9. Father's Occupation Woven Worker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Rog. A. Elwell M.D.

Address, 1941 Hanford ave

Remarks, filed 1897

1897U000696

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

80599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Elizabeth Becker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12 1897
4. *Place of Birth, (Street and Number)* No. 1106 E. Federal Street
5. *Full Name of Mother,* Mollie Becker
6. *Mother's Maiden Name,* Mollie Unger.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Harry Becker.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1741 Harford ave

Remarks, GIVEN NAME ADDED 1-23-53 L.M.

1897 00000697

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) 1030 E Thorp St.
5. Full Name of Mother, Catherine Rosenstiel
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Rosenstiel
9. Father's Occupation
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walber

Address, 928 N. Central Av.

Remarks.

8 9 7 0 0 0 0 6 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 15/97
4. *Place of Birth, (Street and Number)*	628 W. Conway
5. *Full Name of Mother,*	Evalina Livingston
6. *Mother's Maiden Name,*	McIntire
7. *Mother's Birthplace,*	Emmitsburg
8. *Full Name of Father,*	Harry G. Livingston
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	M. B. Ballington
Address,	1206 E. Preston St
Remarks,	

8970000069

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) W
3. Date of Birth, Jan 20-97
4. Place of Birth, (Street and Number) 624 W Saratoga
5. Full Name of Mother, Ada Pickett
6. Mother's Maiden Name, " Nicholson
7. Mother's Birthplace, Bucto
8. Full Name of Father, Jno. C Pickett
9. Father's Occupation, Physician
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, Chas. F. Blake, M.D.

Address, 1503 E Balto St.

Remarks,

18970000700

Wm J C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 80603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20 1894
4. Place of Birth, (Street and Number) No. 1622 E. Eager Street
5. Full Name of Mother, Katie Ruppert.
6. Mother's Maiden Name, Katie Lieb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alphonsus Wm. Ruppert.
9. Father's Occupation Baker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Augustus Claudius Hood

Address, 1741 Hanford ave

Remarks,

8970000701

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 80604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, Jan. 21st 1897.
4. Place of Birth, (Street and Number) 1237 W. Biddle St. Baltimore Md
5. Full Name of Mother, Sadie Grimes
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbot Co. Maryland.
8. Full Name of Father, George Grimes.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore County. Maryland.

Name of Medical Attendant, or other person who makes this Return, [illegible] Kinard
Md Genl Hosp

Address,

Remarks,

8970000702

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 80603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1634 Gai 11
4. *Place of Birth, (Street and Number)* 23 Lanbar
5. *Full Name of Mother,* Josephine Theidrich
6. *Mother's Maiden Name,* Connely
7. *Mother's Birthplace,* Ball.
8. *Full Name of Father,* Louis Theidrich
9. *Father's Occupation*
10. *Father's Birthplace,* Ball.

Name of Medical Attendant, or other person who makes this Return, Anna Walber

Address, 928 W Cat St.

Remarks,

Register of such Birth, and shall enter
Health. This schedule shall contain a li
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the pract
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be
furnished by the Commissioner of
ured under his or her care during the
full name of each child, (if any shall have
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 0 7 0 3

RETURN OF A BIRTH. 80606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 25 1897
4. *Place of Birth, (Street and Number)* No 1714 Harford ave.
5. *Full Name of Mother,* Georgiana Myers.
6. *Mother's Maiden Name,* Georgiana Rees.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Myers
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Rue A. Elwell, M.D.

Address, 1741 Harford ave

Remarks,

8 4 7 0 0 0 0 7 0 4

Wm. J. C. Dulan Co., City Printers and Stationers.

RETURN OF A BIRTH. 80607

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

97
9
1

No. ... a of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. ..., (state whether male or female) boy

2. ... or Color, (if not of the white race)

3. Date of Birth, 26 January

4. Place of Birth, (Street and Number) 1313 Eager st

5. Full Name of Mother, Louise Abel

6. Mother's Maiden Name, Grimm

7. Mother's Birthplace, Germ.

8. Full Name of Father, Adolf Abel

9. Father's Occupation

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Cent Ave.

Remarks,

8970000705

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births, shall contain a list of the births which have occurred since the last return, (if any shall have been,) and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, born 2/8/97
4. Place of Birth, (Street and Number) 910 N Central Ave
5. Full Name of Mother, Eva Bowling
6. Mother's Maiden Name, Elliott
7. Mother's Birthplace, Balto Co
8. Full Name of Father, John F Bowling
9. Father's Occupation Con Contractor
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, M. A. Billingslea

Address, 1206 E Pratt St

Remarks,

1897000706

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 January 1900
4. Place of Birth, (Street and Number) 1911 E. Monument
5. Full Name of Mother, Annie E. Smith
6. Mother's Maiden Name, Bath
7. Mother's Birthplace, Md
8. Full Name of Father, John Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Bath

Name of Medical Attendant, or other person who makes this Return, Mar R. Hillegas
602 E Lexington

Address,

Remarks,

8970000707

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Births. This schedule shall contain a list of the births occurring in each district, and the full name of each child; and the Health. This schedule shall contain a list of the births occurring in each district, and the full name of each child; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 January
4. Place of Birth, (Street and Number) 1924 Aisquith st
5. Full Name of Mother, Marie Broaders
6. Mother's Maiden Name, Gauges
7. Mother's Birthplace, Ball
8. Full Name of Father, Franch Broaders
9. Father's Occupation printer
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return Anna Walter

Address, 928 N. Central Av.

Remarks,

8 9 7 0 0 0 0 7 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...of such birth, and shall enter the same on the register of births which have occurred under his or her care during the month, and shall enter the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 January
4. Place of Birth, (Street and Number) 1712 Gai st.
5. Full Name of Mother, Barbara Korn
6. Mother's Maiden Name, Grasmuck
7. Mother's Birthplace, Balt.
8. Full Name of Father, Frederique Korn
9. Father's Occupation Ball
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N Carl Av.

Remarks,

8 9 7 0 0 0 0 7 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the ascertained the full name of each child, and the same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the been conferred its sex, color, the full name and occupation of its parents, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 28th 97
4. *Place of Birth, (Street and Number)* 220 S. Stricker St.
5. *Full Name of Mother,* Lottie E. Mowley
6. *Mother's Maiden Name,* Lottie E. Sheppard
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Chas. E. Mowley
9. *Father's Occupation* Steam fitter
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Dill, M.D.

Address,

Remarks,

8970000710

register of such birth, and shall contain a list of the births which have occurred in each family, (if any shall have Health. This schedule shall contain a list of the births which have occurred in each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 80613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose. Every birth occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Bob
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 28 Januar 1897
4. Place of Birth, (Street and Number) Damen St. & B. 1402
5. Full Name of Mother, Magdalyna Kowalowska
6. Mother Maiden Name, " Telerska
7. Mother Birthplace, Deutchland
8. Full Name of Father, Jan Kowalowski
9. Father' Occupation Arbeiter
10. Father' Birthplace, Deutchland

Name of Medical Attendant, or other person who makes this Return, Dr Begnor

Address Linn St & B 721

Remark Baltimore

8 9 7 0 0 0 0 7 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

80614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 31st 1898
4. *Place of Birth, (Street and Number)* 573 W. Preston St
5. *Full Name of Mother,* Mrs Mary Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Mr Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, John F. Lomon M.D.

Address, Maternite 115 E. Lombard St

Remarks,

8970000712

register of such birth, and shall give the name of the child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and last day of each and every month to the office of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the attendant it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blanks furnished, to be under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 31st 1897
4. Place of Birth, (Street and Number) 503 E Burgundy Alley
5. Full Name of Mother, Mrs Louisa Young.
6. Mother' Maiden Name,
7. Mother' Birthplace, Maryland
8. Full Name of Father, Wm Young
9. Father' Occupation Laborer
10. Father' Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, John H. Connor MD

Address Maternité 116 W. Lombard St

Remark

8970000713

Wm. J. C. Dulany Co., City Pers and Stationers.

Baltimore under whose charge of superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Sept 2, 1897
4. *Place of Birth, (Street and Number)* 1129 Woodyard St
5. *Full Name of Mother,* Native Connecticut
6. *Mother's Maiden Name,* Native
7. *Mother's Birthplace,* Essex Co Va
8. *Full Name of Father,* Williams Jones
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1327 Whatcoat St

Remarks

8970000714

Wm. T. C. Dulany Co., City Priers and Stationers.

[336.]

RETURN OF A BIRTH. 81617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8/97
4. *Place of Birth, (Street and Number)* 804 Burgundy Alley
5. *Full Name of Mother,* Katie Bing
6. *Mother's Maiden Name,* Walther
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo H. Bing
9. *Father's Occupation* Cheese
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Dempsey M.D.

Address,

Remarks,

8970000715

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

336.]

RETURN OF A BIRTH. 80618

GIVEN NAME ADDED, 9/17/26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Oliver Ruby WATTS 2d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29/27

4. Place of Birth, (Street and Number) 222 N Carrollton Av

5. Full Name of Mother, Bessie Watts

6. Mother's Maiden Name, Fuller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August A Watts

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos McLumpkin M.D.

Address, 412 S Paca St.

Remarks,

8 7 7 U 0 0 0 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or midwife, or should no other persons or parents of such attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 81619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29/27
4. *Place of Birth, (Street and Number)* 5-15 S Paca St.
5. *Full Name of Mother,* Annie Heath Young
6. *Mother's Maiden Name,* Annandale Va. Md.
7. *Mother's Birthplace,* Nathan P Heath
8. *Full Name of Father,* Farmer
9. *Father's Occupation* Annandale Va. Md.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Thos. McLenaghan M.D.

Address, 44/2 S. Paca St.

Remarks,

8970000717

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 1. 29. 97
4. Place of Birth, (Street and Number) 1323 N. Stockton st
5. Full Name of Mother, Mary L. Jones
6. Mother's Maiden Name, Mary L. Jones
7. Mother's Birthplace, Prince Geo. Co Va
8. Full Name of Father, Cornelius H. Jones
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Prince Geo. Co Va

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1327 Whatcoat St

Remarks,

8970000718

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 811621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 31 th 1898
4. Place of Birth, (Street and Number) 911 Eutaw
5. Full Name of Mother, Cora Stockton
6. Mother's Maiden Name, Cora Robeson
7. Mother's Birthplace, Maryland Canada
8. Full Name of Father, George Stockton
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Botanico

Address, 809 Preston St

Remarks,

8970000719

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 12-1897
4. Place of Birth, (Street and Number) 553 Orchard St,
5. Full Name of Mother, Annie Cordia Brown
6. Mother's Maiden Name, Harvey
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, John Westley Brown
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, C M Cook

Address, 165-2 Myrtle ave

Remarks,

8970000720

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 80623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 18/97

4. Place of Birth, (Street and Number) 1616 E Baltimore St

5. Full Name of Mother, Caroline Ford

6. Mother's Maiden Name, Mauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles A Ford

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S H Sidner M D

Address, 1501 N Eager St

Remarks,

8970000721

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 21st 1895

4. *Place of Birth, (Street and Number)* 2238 E. Monument St

5. *Full Name of Mother,* Emma M. Turner

6. *Mother's Maiden Name,* Baker

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* Edward A. Turner

9. *Father's Occupation* Stock Turner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, S. H. Selfridge M. D.

Address, 1501 E. Eager St.

Remarks, 1 8 9 7 0 0 0 0 7 2 2

register of such birth, and shall enter the same on plain schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the parent in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22nd 1897
4. *Place of Birth, (Street and Number)* 943 Fawn St.
5. *Full Name of Mother,* Josephine V. Clubb.
6. *Mother's Maiden Name,* Lindenbaum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William A. Clubb
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Selzer M.D

Address, 1561 E. Eager St

Remarks, 8 4 7 0 0 0 0 7 2 3

register of such birth, and shall enter the same on the [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the Health. This schedule shall contain a list of the births which have occurred in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person lie in shall occur without the attendance of a physician or practioner of midwifery, or should no other persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Jan. 23 '97
4. *Place of Birth, (Street and Number)* 1674 N. Gay
5. *Full Name of Mother,* Mary E. Lemmon
6. *Mother's Maiden Name,* Myers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robt Lemmon
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Wm J Watson

Address, 1601 Broadway

Remarks, 8 lbs.

8 9 7 0 0 0 0 7 2 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 15th 1897

4. *Place of Birth, (Street and Number)* 1. Dallas st

5. *Full Name of Mother,* Mary Wehrman

6. *Mother's Maiden Name,* n. Uhl

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry Wehrman

9. *Father's Occupation* Porter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8 9 7 0 0 0 0 7 2 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 81628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* January 21st 1897
4. *Place of Birth, (Street and Number)* No 1523 Pennsylvania ave
5. *Full Name of Mother,* Mrs Emma Hirsch
6. *Mother's Maiden Name,* Zamitz
7. *Mother's Birthplace,* Baltimore and
8. *Full Name of Father,* Jacob Hirsch
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore and

Name of Medical Attendant, or other person who makes this Return. Attending Physician

Address, 535 N Limit st.

Remarks,

I 8 7 7 0 0 0 0 7 2 6

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-27-58

RETURN OF A BIRTH. 80629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Grace Elizabeth ~~Miller~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 17, 1897
4. Place of Birth, (Street and Number) 1315 Eastern ave
5. Full Name of Mother, Annie L Miller
6. Mother's Maiden Name, Annie L Zeller
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. M. B. Miller
9. Father's Occupation Police
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs M J Shuebrey

Address, 731 Lumbard

Remarks,

8970000727

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in the same during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8th 1897
4. *Place of Birth, (Street and Number)* 1101 E. Preston St.
5. *Full Name of Mother,* Kunigunda Hoffman
6. *Mother's Maiden Name,* Heaze
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank J. Hoffman
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. J. Frank Crook

Address, 1102 Aisquith St

Remarks,

8 9 7 0 0 0 0 7 2 8

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 12th 1877
4. *Place of Birth, (Street and Number)*	317 E. 21st St.
5. *Full Name of Mother,*	Julia A. Cramer
6. *Mother's Maiden Name,*	" Gregory
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	Abm H. Cramer
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Penna.
Name of Medical Attendant, or other person who makes this Return,	Dr. J. Frank Carroll
Address,	1231 Linganore St.
Remarks,	

8970000729

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12, 1897
4. *Place of Birth, (Street and Number)*	605 Wyeth St
5. *Full Name of Mother,*	Lena Martindale
6. *Mother's Maiden Name,*	Lena Weisman
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Frank Martindale
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	H. E. Knipp M.D.
Address,	523 Scott St.
Remarks,	

8970000730

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person in attendance upon a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16th 3 35 A M. 1897
4. *Place of Birth, (Street and Number)* 2035 E Lombard St
5. *Full Name of Mother,* Mary Agnes Schmitt
6. *Mother's Maiden Name,* M. A. Cavanaugh
7. *Mother's Birthplace,* Kansas
8. *Full Name of Father,* Antone Joseph Schmitt
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, James E Donnelly M.D.

Address, 1701 Baltimore St East

Remarks, 8970000731

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 811634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 17th 1897

4. *Place of Birth, (Street and Number)* 1101 E. Preston St

5. *Full Name of Mother,* Maggie B. Schuster

6. *Mother's Maiden Name,* " Bauerschmidt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Felix J. Schuster

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. J. Hunt Cruse

Address, 1051 Augusta St

Remarks,

1 8 9 7 0 0 0 0 7 3 2

Baltimore under whose charge or superintendence the ...oner of blank schedule, to be furnished by the C... shall enter the same on blank ... birth, and shall enter the same under his or her care during the ... of such birth, shall contain a list of the births which have occurred under his or her care during the ... register of such births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 24th 1897
4. *Place of Birth, (Street and Number)*	726 Ensor St.
5. *Full Name of Mother,*	Emma J. Crumley
6. *Mother's Maiden Name,*	" " Potts
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas A. Crumley
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. J. Francis Connell
Address,	1051 Argyle St.
Remarks,	

8 9 7 U 0 0 0 7 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 811636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 16 97
4. *Place of Birth, (Street and Number)* 119 Trinity Street
5. *Full Name of Mother,* Lena Chews Cromwell
6. *Mother's Maiden Name,* Lena Cromwell
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Albert Chew
9. *Father's Occupation* Carter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Gaston de

Address, 509 West Preston Street

Remarks,

1897000734

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred since the ... register of such births. ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22 - 1897
4. *Place of Birth, (Street and Number)* 1807 W. Mulberry St.
5. *Full Name of Mother,* Lizzie L. Comfort.
6. *Mother's Maiden Name,* Lease
7. *Mother's Birthplace,* Frederick Co. Md
8. *Full Name of Father,* William H. Comfort
9. *Father's Occupation* Mechanist
10. *Father's Birthplace,* Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return, John Kepp M.D. Tor Consolation Inc

Address,

Remarks,

8 4 7 0 0 0 0 7 3 5

Wm. J. C. Dulany Co., City Printers and Stationers

Register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 26 1897
4. *Place of Birth, (Street and Number)*	736 W. Mulberry
5. *Full Name of Mother,*	Effie Mc Illvenny
6. *Mother's Maiden Name,*	E. Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	H. B. Mc Illvenny
9. *Father's Occupation*	hatter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie E. Thalwitzer M.D.
Address,	725 Mulberry
Remarks,	

8970000736

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 4 January 28
4. *Place of Birth, (Street and Number)* 341 Orchard St
5. *Full Name of Mother,* Lucinda Tilghman
6. *Mother's Maiden Name,* Lucinda Watson
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Henry Tilghman
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Eastern Shore -

Name of Medical Attendant, or other person who makes this Return, Hester Torrance

Address, 509 Preston St

Remarks,

Health. This Schedule shall contain a list of the names which the parents of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970000737

RETURN OF A BIRTH. 80640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 14th 1897
4. *Place of Birth, (Street and Number)* 551 Orchard St
5. *Full Name of Mother,* Ella Mason
6. *Mother's Maiden Name,* Ella Mason
7. *Mother's Birthplace,* Jeffer Delaware
8. *Full Name of Father,* Isaac Mason
9. *Father's Occupation* Bellman
10. *Father's Birthplace,* Buggby Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Cotman

Address, 309 Preston St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897 0000738

Wm. J. C. Dulany Co., City Printers and Stationers.

80641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltin

Baltimore under a like charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb. 1st, 1897.
4. *Place of Birth, (Street and Number)*	507 N. Pawalett
5. *Full Name of Mother,*	Della Hodges
6. *Mother's Maiden Name,*	Carney
7. *Mother's Birthplace,*	Tennessee
8. *Full Name of Father,*	Rev. D. G. Hodges
9. *Father's Occupation*	Pastor Fair St. M. E. Church
10. *Father's Birthplace,*	Tennessee
Name of Medical Attendant, or other person who makes this Return,	W. Thos. Haywarder
Address,	922 Madison Ave.
Remarks,	

80641

8970000739

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Wife - First

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Color,

3. Date of Birth, Feb - 1 - 97 -

4. Place of Birth, (Street and Number) 1118 Hunt. Ave -

5. Full Name of Mother, Bella Bostow

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Md

8. Full Name of Father, Mortimer

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O. O. Cunningham

Address, 1118 Hunt Ave

Remarks,

8970000740

Wm. J. C. Dulany Co,. City Printers and Stationers.

[M 1236.]

RETURN OF A BIRTH. 80643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb - 1st 97
4. Place of Birth, (Street and Number) Md Steel Works,
5. Full Name of Mother, Florence Tully
6. Mother's Maiden Name, Lewis
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O O Longshore MD

Address, Md Steel Works

Remarks,

8970000741

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 80644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 February 1897
4. *Place of Birth, (Street and Number)* Balti. 325 Pulaski St.
5. *Full Name of Mother,* Katharina Stumpf
6. *Mother's Maiden Name,* Gutz
7. *Mother's Birthplace,* Zweibrücken Germany
8. *Full Name of Father,* Eduard Stumpf
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Würtzburg Germany

Name of Medical Attendant, or other person who makes this Return, Anna Bauchelt

Address,

Remarks,

, 8 9 7 0 0 0 0 7 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex, (state whether male or female) Male "
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, febury. 1. 1897.
4. Place of Birth, (Street and Number) 104. E. Hughes St. City
5. Full Name of Mother, Rachuel Mears.
6. Mother's Maiden Name, Rachuel Breed.
7. Mother's Birthplace, Washington. D. C.
8. Full Name of Father, George Mears
9. Father's Occupation Labor
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return, Mrs. Ann Taylor.

Address, # 41 Guilford, Alley, City.

Remarks, Well.

1897 00000743

month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80646

GIVEN NAME ADDED 8/21/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anita Elizabeth Engel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jul. 1st 1897
4. Place of Birth, (Street and Number) 1316 Patterson Ave
5. Full Name of Mother, Annie Engel
6. Mother's Maiden Name, Lotz
7. Mother's Birthplace, Manchester Carroll Co.
8. Full Name of Father, John Geo. Engel
9. Father's Occupation Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 414 S. Paca St.

Remarks, 18970000744

Health. This schedule shall contain a list of the births within each district, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ND
3. *Date of Birth,* Feb 1st
4. *Place of Birth, (Street and Number)* 703 W Lombard St
5. *Full Name of Mother,* Della Logan
6. *Mother's Maiden Name,* " D Oliver
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* J E Logan
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Morgan

Address, 412 Sett St

Remarks,

8970000745

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall happen, to be furnished by the Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures recoverable.

RETURN OF A BIRTH. 80648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 1
4. Place of Birth, (Street and Number) 608 S. Durham Ste.
5. Full Name of Mother, Mary Andrijauskey
6. Mother's Maiden Name, Lark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Valentin Andrijauskey
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pott

Address, 835 S. Bond Ste. Balto. Md.

Remarks, City.

8970000746

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1336]

RETURN OF A BIRTH. 80649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter occur shall be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name, date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 1
4. *Place of Birth, (Street and Number)*	No 1821 Light st
5. *Full Name of Mother,*	Mrs Annie Johnson Howard
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Friedrich
8. *Full Name of Father,*	Mr Charles Johnson
9. *Father's Occupation*	B. O rail road Conductor
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mrs Katie Lear
Address,	No 1705 Byrd st Baltimore M.D
Remarks,	

8970000747

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

80650

GIVEN NAME ADDED. 3-4-59

RETURN OF A BIRTH. 806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

Catherine C. Dohlen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 1 1897
4. Place of Birth, (Street and Number) 203 S Exeter St.
5. Full Name of Mother, Mary Olivia Dohlen
6. Mother's Maiden Name, Zacho
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Jacob Dohlen
9. Father's Occupation Fire - Man
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

1897000748

Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February 1 97

4. *Place of Birth, (Street and Number)* 422 Edmondson Road

5. *Full Name of Mother,* Ida M. Gunter

6. *Mother's Maiden Name,* Sutor

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Wm. T. Gunter

9. *Father's Occupation* Electrician

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jno. Rogers M.D.

Address, 726 E. Lanvale St.

Remarks,

8970000749

Wm. J. C. Dulany Co., City Printers and Stationers.

...k schedule, to be furnished by the Commissioner of ... which have occurred under his or her care during the ... tained the full name of each child, (if any shall have ... pation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... the office of the Commissioner of Health, or should no other person be in ... third day of each and every month to a physician or practitioner of midwifery, or should no other person or parents of such ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such ... attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1336.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14 February 1897

4. *Place of Birth, (Street and Number)* 1606 E. Hanover St

5. *Full Name of Mother,* Lizzie Manley

6. *Mother's Maiden Name,* Lizzie Grant

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Clarence Manley

9. *Father's Occupation* Brakeman B&O

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dairy Mill

1897000007500

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

Baltimore under whose charge or superintendence a birth shall take place, shall keep a register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st February 1897
4. *Place of Birth, (Street and Number)*	68 E Heath St
5. *Full Name of Mother,*	Annie E Keath
6. *Mother's Maiden Name,*	Annie E Louser
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Keath
9. *Father's Occupation*	Stove maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	E A Brookes
Address,	828 Light St
Remarks,	Dang Well

8 9 7 0 0 0 0 7 5 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* White female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 1 of February

4. *Place of Birth, (Street and Number)* 250 ?

5. *Full Name of Mother,* Mary Lange.

6. *Mother's Maiden Name,* Holscher.

7. *Mother's Birthplace,* Hannover. (Germ.)

8. *Full Name of Father,* Fritz Lange.

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Braunschweig (Germ.)

Name of Medical Attendant, or other person who makes this Return, Miss. G. Weiss.

Address, 613 Port St.

Remarks,

8970000752

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such births. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 80655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted, that the [illegible] shall keep a true and correct [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 2th 1892
4. *Place of Birth, (Street and Number)*	427 N Dynard Sq
5. *Full Name of Mother,*	Annie Saul
6. *Mother's Maiden Name,*	Annie Barock
7. *Mother's Birthplace,*	Bohemian
8. *Full Name of Father,*	Thomas Saul
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Bohemian
Name of Medical Attendant, or other person who makes this Return,	Mary Hopkins
Address,	905 N Washington Ave
Remarks,	

8 9 7 0 0 0 0 7 5 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 2 97
4. Place of Birth, (Street and Number) 302 Lime St
5. Full Name of Mother, Ellen L. Christmas
6. Mother's Maiden Name, Ellen L. White
7. Mother's Birthplace, Balto City
8. Full Name of Father, Oscar L. Christmas
9. Father's Occupation, Waiter
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, D. D. Corbitt

Address, 1420 N. Pine St

Remarks,

1 8 9 7 0 0 0 0 7 5 4

Health: This Certificate must be filled out and returned the full name of each child, if any shall have been ascertained the same can be ascertained as far as the full name and place of birth; and the month, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 2nd 1897
4. Place of Birth, (Street and Number) No 4 W. Cross St
5. Full Name of Mother, Elizabeth Berndt.
6. Mother's Maiden Name, Elizabeth Lock
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Charles Berndt
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Maggie A. Wilkinson

Address, No. 14 W. Cross St.

Remarks,

8970000755

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 2d 1897
4. *Place of Birth, (Street and Number)* 205 N. Light St
5. *Full Name of Mother,* Fannie Mannacusm
6. *Mother's Maiden Name,* Fannie Shairman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Mannacusm
9. *Father's Occupation* Mille man
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8970000754

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose [illegible] shall enter the same on blank schedule, to the [illegible] under his or her care during the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Cww

RETURN OF A BIRTH. 80659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Lucy Elizabeth Romig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 4 97
4. Place of Birth, (Street and Number) Arlington Ave 1226
5. Full Name of Mother, Anna Romig
6. Mother's Maiden Name, Morris
7. Mother's Birthplace, Ireland
8. Full Name of Father, Luke Romig
9. Father's Occupation Clerk
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Johanna Jones

Address, Forest Park

Remarks,

8970000757

Wm. J. C. Dulany Co., City Printers and Stationers

births which have occurred within this city since the ... be ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascer... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be r...

Health. This schedule shall contain a list of the births ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... er it shall become the duty of the person or parents of such ... lth, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

ETY A FILM

FORM 1236.]

RETURN OF A BIRTH. 80660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February th 2. 1897.
4. *Place of Birth, (Street and Number)* 223. N Washington St
5. *Full Name of Mother,* Marie Anesliem
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Wueslien
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Baptist

Address, N. 205 N Washington St.

Remarks,

SECTION 7.—And be it further enacted, that no undertaker shall bury or remove the body of any child, or of any person unknown, found within the limits of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and accurate register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970000758

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 2nd 1877
4. *Place of Birth, (Street and Number)* 918 Park Ave
5. *Full Name of Mother,* Ida May Whiting
6. *Mother's Maiden Name,* Ida May Bowyer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward E. Whiting
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1034 Park ave

Remarks,

8970000759

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 2nd
4. *Place of Birth, (Street and Number)* 227 N 10th Ave
5. *Full Name of Mother,* Maggie Kernan
6. *Mother's Maiden Name,* " Eaton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kernan
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Corrigan

Address, 1412 Decatur

Remarks,

8970000760

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* Feb 22

4. *Place of Birth, (Street and Number)* 973 Baltimore Columbus Ave

5. *Full Name of Mother,* Alice Mae Long Goodman

6. *Mother's Maiden Name,* Baltzzine

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* John Long

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Sparrow

Address, 412 Sevth st

Remarks,

8970000761

Wm. J. C. Dulany Co., City Printers and Stationers

ascertained the full name of each child, (if any shall have
the same can be ascertained) as far as the same can be ascertained
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
third day of [illegible] and every month to the office of the Commissioner
without the attendance of a physician or practitioner it shall be
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 80664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 2 — 1897
4. Place of Birth, (Street and Number) 1907 Alice Ann St.
5. Full Name of Mother, Pauline Vogler
6. Mother's Maiden Name, Klein
7. Mother's Birthplace, Germany
8. Full Name of Father, John J. Vogler
9. Father's Occupation Musician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oral St.

Remarks,

8970000762

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 2nd 1897
4. Place of Birth, (Street and Number) cor. High & Pratt sts.
5. Full Name of Mother, Lda Jacobson
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Bernard Jacobson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 8. Exeter st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 0 7 6 3

Wm. J. C. Dulany Co., City Printers and Stationers

[236.]

RETURN OF A BIRTH. 80666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 nd February 1897
4. *Place of Birth, (Street and Number)* 45 E Monguery St
5. *Full Name of Mother,* Iseana May Kirkwood
6. *Mother's Maiden Name,* Iseana May Seaman
7. *Mother's Birthplace,* Balto And
8. *Full Name of Father,* Jacob Kirkwood
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Balto And

Name of Medical Attendant, or other person who makes this Return, E & A Brooks

Address, 1828 Light St

Remarks, Doing Well

8 9 7 0 0 0 0 7 6 4

Wm. J. C. Dulany Co,. City Printers and Stationers

Sec. 3. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 3/97
4. *Place of Birth, (Street and Number)* 213 Hanover St
5. *Full Name of Mother,* Mrs Bridget Dunleavy
6. *Mother's Maiden Name,* Mc Hale
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Dunleavy
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor

Address, 1112 Hanover St

Remarks,

1 8 9 7 0 0 0 0 7 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 3, 1897
4. Place of Birth, (Street and Number) 2502 N. Charles
5. Full Name of Mother, Annie Schley Abell
6. Mother's Maiden Name, Schley
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, A. J. Abell
9. Father's Occupation, Editor
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Jas. H. Creighton M.D.

Address, 1730 N Charles

Remarks,

8970000766

Wm J C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it
alth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80669

GIVEN NAME ADDED 7-24-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eleanor Weisel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 3 / 47
4. Place of Birth, (Street and Number)	1363 / First gd.
5. Full Name of Mother,	Katie E. Weisel
6. Mother's Maiden Name,	" " Ruth
7. Mother's Birthplace,	B C
8. Full Name of Father,	Michael H. Weisel
9. Father's Occupation,	Peddler
10. Father's Birthplace,	B C
Name of Medical Attendant, or other person who makes this Return,	Evo L. Williams
Address,	
Remarks,	

8970000767

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 30 1897
4. Place of Birth, (Street and Number) 1612 Etting st
5. Full Name of Mother, Mary Donavin Sirena
6. Mother's Maiden Name, Donavin
7. Mother's Birthplace, Englnd
8. Full Name of Father, Michael Jos Sirena
9. Father's Occupation, Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, B. C. Catlin M.D.

Address, 625 Linden ave

Remarks,

8970000007688

Wm. J. C. Dulany Co., City Printers and Stationers.

The Physician, Midwife or other person who shall sign the certificate of the births which have occurred under his or her care during the register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the case between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1604 Fairmount ave
4. *Place of Birth, (Street and Number)*	Feb. 3/97
5. *Full Name of Mother,*	Daisy Myers
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Mike King
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other person who makes this Return.	J. C. Orlando M. D.
Address,	518 N. Bond St.
Remarks,	

1 8 9 7 0 0 0 0 7 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, the sex and color, the date of birth, and the name
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in attendance, or by the parent, to the office of the Commissioner of Health in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feby 3 - 97
4. *Place of Birth, (Street and Number)* Decatur St 1406
5. *Full Name of Mother,* Therese Rickaur
6. *Mother's Maiden Name,* Wibata
7. *Mother's Birthplace,* Tilsit Ost Prussia
8. *Full Name of Father,* John Rickaur
9. *Father's Occupation* Shoedar
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Johanna Jaeske

Address, Garrett Ave 1369

Remarks,

8 9 7 0 0 0 0 7 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

Baltimore under whose charge or supervision the same on blank schedule, to be furnished by the Commissioner of Health, and shall enter the same during the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and the sex, color, the full name and occupation of its parents, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February th 3. 1897.
4. *Place of Birth, (Street and Number)* 426. N. Collington Ave.
5. *Full Name of Mother,* Sophia Burton.
6. *Mother's Maiden Name,* Bohemand
7. *Mother's Birthplace,* Charles Burton
8. *Full Name of Father,* Taylor
9. *Father's Occupation* Bohemian
10. *Father's Birthplace,* Mary Hoffrish

Name of Medical Attendant, or other person who makes this Return, 1205 N. Washington St.

Address,

Remarks,

8 9 7 0 0 0 0 7 7 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 3rd 1897.
4. Place of Birth, (Street and Number) 2021. East Preston St.
5. Full Name of Mother, Annie Wallace
6. Mother's Maiden Name, Annie Dorsey
7. Mother's Birthplace. Balto. Md.
8. Full Name of Father, John E. Wallace,
9. Father's Occupation Painter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, J. Bachiel, M.D.

Address, #2340. Madison avenue.

Remarks, 897 Boon 12-30 A. M.

Baltimore under whose direction the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the births which have occurred under his or her care during the Health. This schedule shall contain a list of the same can be ascertained the full name of each child, (if any shall have month, and shall set forth as far as the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become above required, and child to report its birth to the Commissioner of Health, in the manner and within the period to comply with the provisions of this section shall be subany such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 3
4. Place of Birth, (Street and Number) 728 S. Broadway
5. Full Name of Mother, Katie Degurevič
6. Mother's Maiden Name, Klinderska
7. Mother's Birthplace, Pole
8. Full Name of Father, Thomas Degurevič
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Ruth

Address, 838 S. Bond St.

Remarks, Balto. Ind.

1897 0000773 City

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 3d 1897
4. Place of Birth, (Street and Number) 1762 Nord Ave Baltimore
5. Full Name of Mother, Louise H Mills
6. Mother's Maiden Name, " " Bull
7. Mother's Birthplace, City Baltimore Md
8. Full Name of Father, John H Mills
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, D. Drewes - Mid - Wife

Address, N. Hopkins Ave 1625.

Remarks, 1 8 9 7 0 0 0 0 7 7 4

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 3rd 1897
4. Place of Birth, (Street and Number) 927 Fillen st.
5. Full Name of Mother, Gracia Serio
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Sam Seris
9. Father's Occupation Fruit-dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970000775

Baltimore under whose charge a child is born shall enter the same on blank schedule, to be furnished by the ... register of such birth, and shall enter the same on blank schedule, to be furnished under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 80678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd February 1897
4. Place of Birth, (Street and Number) 1519 Charles St
5. Full Name of Mother, Josephine Alar Gregory
6. Mother's Maiden Name, Josephine Gregory
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Alar Mattemar
9. Father's Occupation Mattemar
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooke

Address, 1828 Light St

Remarks, Dame Well

8 9 7 0 0 0 0 7 7 5

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

GIVEN NAME ADDED 3-4-59

RETURN OF A BIRTH. 80679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Congleton~~ Charles Norman Congleton

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th February 1897
4. Place of Birth, (Street and Number) 7 W West St
5. Full Name of Mother, Lillie Congleton
6. Mother's Maiden Name, Lillie Hutton
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Congleton
9. Father's Occupation Laborer
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1325 Light St

Remarks, 8 7 4 0 8 0 0 7 7 7

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 80680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall happen, shall report the same to the Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th February 1877
4. *Place of Birth, (Street and Number)*	33 W Pratt St
5. *Full Name of Mother,*	Mary Norton
6. *Mother's Maiden Name,*	Mary Hagan
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Edward Norton
9. *Father's Occupation*	City Fireman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	E L Brooks
Address,	1828 Light St
Remarks,	Doing well

8 9 7 0 0 0 0 7 7 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February th 4, 1897.
4. *Place of Birth, (Street and Number)* N. 116. Chapel St.
5. *Full Name of Mother,* Hanna Horky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Horky.
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hospital

Address, N. 105 N. Washington St.

Remarks,

8 9 7 U 0 0 0 7 7 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-16-59

RETURN OF A BIRTH. 80682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gladys Minor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4th 1897.
4. Place of Birth, (Street and Number) 2121 Madison Avenue
5. Full Name of Mother, Blanche Minor
6. Mother's Maiden Name, Blanche Carr.
7. Mother's Birthplace, Anne Arundel County, Md.
8. Full Name of Father, Benjamin W. Minor.
9. Father's Occupation Builder
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, E. Bachtell M.D.

Address, #2340 Madison Avenue

Remarks, 18970020078 0 12 30 64 mc

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 7th 1897
4. *Place of Birth, (Street and Number)*	710 Alley
5. *Full Name of Mother,*	Mrs Lottie Brown
6. *Mother's Maiden Name,*	Mrs Lottie Brown
7. *Mother's Birthplace,*	Mr George } Candridge
8. *Full Name of Father,*	Mr George Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Cordelia Howard
Address,	1010 N. Chapel st
Remarks,	None

897000781

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 7th 1897
4. Place of Birth, (Street and Number) 134 Druid Hill Ave
5. Full Name of Mother, Annie Thos
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Irving Bush
9. Father's Occupation, Student-at-Law
10. Father's Birthplace, St Georges Co

Name of Medical Attendant, or other person who makes this Return, Mary Harris

Address, 1809 Linden Ave

Remarks,

1897 0 0 0 0 7 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 7th 1897
4. Place of Birth, (Street and Number) 1543 Bruce Street
5. Full Name of Mother, Jennie Smith
6. Mother's Maiden Name, Jennie Gross
7. Mother's Birthplace, Talbot Co Md.
8. Full Name of Father, Thomas Smith
9. Father's Occupation, Cook Coal
10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return, Jno Harris

Address, 1809 Fortner St

Remarks,

1897 0 0 0 0 7 8 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17th day of February
4. *Place of Birth, (Street and Number)* 936 Star Alley Baltimore Md.
5. *Full Name of Mother,* Miss Annie Adler
6. *Mother's Maiden Name,* Mrs Annie Clark
7. *Mother's Birthplace,* Saint Mary's Co
8. *Full Name of Father,* Addison Clark
9. *Father's Occupation* waiter
10. *Father's Birthplace,* St Mary's Co

Name of Medical Attendant, or other person who makes this Return, Marjann. Mason

Address, 537 Walnut Alley Baltimore Md.

Remarks, Md

1897 0000784

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Feb. 4th.
4. *Place of Birth, (Street and Number)*	1209 Lucas st.
5. *Full Name of Mother,*	Jane Ollwaler
6. *Mother's Maiden Name,*	Jane Kane
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank Wheeler
9. *Father's Occupation,*	Grudger
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perteet
Address,	# 241 S. Chester st.
Remarks,	1897 0000785

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White (Italian)
3. *Date of Birth,* Thursday Feb 4th 97. 6.30 P.M.
4. *Place of Birth, (Street and Number)* 316. E Pratt St
5. *Full Name of Mother,* Felicia Corsi
6. *Mother's Maiden Name,* Felicia Poliguardi
7. *Mother's Birthplace,* Sicily (Italy)
8. *Full Name of Father,* Dominic Corsi
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Sicily (Italy)

Name of Medical Attendant, or other person who makes this Return, Abbott Jno. S.

Address, 112. W Fayette St

Remarks, Dead

1897000078 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwife shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 7th.
4. *Place of Birth, (Street and Number)*	#105 Hartford Ave.
5. *Full Name of Mother,*	Dora Kay
6. *Mother's Maiden Name,*	Dora Bellinger
7. *Mother's Birthplace,*	Balto,
8. *Full Name of Father,*	Aug. Kay
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Fortner
Address,	#24 E. Chester st
Remarks,	8970000787

Wm J C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 80690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th or 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th of February 1897

4. Place of Birth, (Street and Number) No Eden (109) ~~Fookbrook~~ st

5. Full Name of Mother, Ellen Bailey

6. Mother's Maiden Name, Ellen Baltrop

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry M. Bailey

9. Father's Occupation Brass finisher

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Jno Ch. Larsen

Address, No 105 Harford Ave

Remarks, Bal Prof

1897 00 00 7 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 Jul.
4. *Place of Birth, (Street and Number)* 1707 Lancaster Str.
5. *Full Name of Mother,* Julie Kalinsky
6. *Mother's Maiden Name,* Pik
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Kalinsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond. Str.

Remarks, Balto. Ind. City

8 9 7 0 0 0 0 7 8 9

...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 4th 1897
4. Place of Birth, (Street and Number) 1126 Parish Alley
5. Full Name of Mother, Mary Werton
6. Mother's Maiden Name, Mary Jones
7. Mother's Birthplace, Calvert Co Maryland
8. Full Name of Father, Ben Werton
9. Father's Occupation Laborer
10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return, J Griffith Dorsett

Address, 953 Madison Ave

Remarks,

1897 0000790

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

80693

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.)	Third
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 4 - 1897
4. Place of Birth (Street and Number)	Brady Ave & Forsby St.
5. Full Name of Mother	Federecka Christina
6. Mother's Maiden Name	Schaefhober
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Andrew E. Huster
9 Father's Occupation	Varnisher
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	A. J. Howard M.D.
Address	69 Brady Ave. Waverly Balt.
Remarks	1897 0000791

RETURN OF A BIRTH. 80694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 4th 1897
4. Place of Birth, (Street and Number) 915 Fawn st.
5. Full Name of Mother, Esther Mericle
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Mericle
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

18970000792

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitione
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practition
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recov

RETURN OF A BIRTH. 80695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colaid
3. Date of Birth, Feb. 4th 97
4. Place of Birth, (Street and Number) 154 N Dallas St.
5. Full Name of Mother, Laura Jane Goldsbrough
6. Mother's Maiden Name, Laura Jane Boone
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Goldsbrough
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, # 823 Lusor St

Remarks, none

8970000793

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 80646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Forth Feb
4. *Place of Birth, (Street and Number)* 1236. Sargent St
5. *Full Name of Mother,* Mrs Katie Collins
6. *Mother's Maiden Name,* Mrs Katie McCart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr Charley Collins
9. *Father's Occupation* Pants Pressed
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Drury E Bentley

Address, 929 S Paca St

Remarks, Col

8 9 1 0 0 0 0 7 9 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the ~~white~~ race)* Colored
3. *Date of Birth,* Feb-4-1897 at 20 min past 9 o clock P m
4. *Place of Birth, (Street and Number)* 706 north Stanning St-
5. *Full Name of Mother,* Emily Jane Lloyd
6. *Mother's Maiden Name,* — L — Mitchel
7. *Mother's Birthplace,* Eastern shore Md
8. *Full Name of Father,* James E. Lloyd
9. *Father's Occupation* oyster Shucker
10. *Father's Birthplace,* Baltimore city Md

Name of Medical Attendant, or other person who makes this Return, Goodwin Amos-coroner

Address, 921 Shultz Street

Remarks, mother and child is well the child is very Heart-ty but in its back. Rotten cord Md

8 9 7 0 0 0 0 7 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1335.]

CERTIFICATE AMENDED -1/15/13

RETURN OF A BIRTH. 80698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HELEN MARGARET McCURDY

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 5th 1897.
4. *Place of Birth, (Street and Number)* 224 E Barney St
5. *Full Name of Mother,* Mary E Mccarty McCURDY
6. *Mother's Maiden Name,* Mary E Butler
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John ~~H~~ McCURDY
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, 8 7 7 0 0 0 0 7 9 6

Issued. 1897

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	X Male.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	February 5th
4. *Place of Birth, (Street and Number)*	205 W. Biddle St. Balto.
5. *Full Name of Mother,*	Phillis Taylor.
6. *Mother's Maiden Name,*	Phillis Smallwood
7. *Mother's Birthplace,*	King Queen Co. V.A.
8. *Full Name of Father,*	Leroy R. Taylor.
9. *Father's Occupation,*	Janitor
10. *Father's Birthplace,*	King Queen Co. V.A.
Name of Medical Attendant, or other person who makes this Return.	Mary Tibbs
Address,	715 Bruen st.
Remarks,	Nan.

847 U 0000797

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb. 5th
4. *Place of Birth, (Street and Number)* 649 Lorer st
5. *Full Name of Mother,* Mrs Massia Hendricks
6. *Mother's Maiden Name,* Massia Hill
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Presley Hendricks
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Dr G. H. Lehman

Address, 708 Ewer st

Remarks, Full developed 7 Pound 3/4

8970000798

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl. Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th February.
4. *Place of Birth, (Street and Number)* 40 S. Eden St
5. *Full Name of Mother,* Fannie Goldsmith
6. *Mother's Maiden Name,* Fannie Goldsmith
7. *Mother's Birthplace,* Smilg Russia
8. *Full Name of Father,* Harry Goldsmith
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Smilg Russia.

Name of Medical Attendant, or other person who makes this Return, Jetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8970000799

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births within each district, and the full name of each child, (if any shall have been named) the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 5th.
4. *Place of Birth, (Street and Number)*	#421 Chapel st.
5. *Full Name of Mother,*	Barbra Mc. Donough
6. *Mother's Maiden Name,*	Barbra Oneilly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Mc. Donough
9. *Father's Occupation,*	Oyster Captain
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary A. Pertner
Address,	#241 S. Chester st
Remarks,	

8 9 7 0 0 0 0 8 0 0

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5th February
4. Place of Birth, (Street and Number) 833 Black Rabbit Street
5. Full Name of Mother, Susan Parker
6. Mother's Maiden Name, Susan Smith
7. Mother's Birthplace, Anne Arundal County
8. Full Name of Father, Miles Parker
9. Father's Occupation Laborer
10. Father's Birthplace, Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return, Izabella Matthews

Address, No 8 1/2 Blackburn Street

Remarks,

8 7 1 U 0 0 0 8 0 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* — — —

3. *Date of Birth,* Feb 5th 1907

4. *Place of Birth, (Street and Number)* No 415 N. Stricker Str

5. *Full Name of Mother,* Lizzie Schlegerll

6. *Mother's Maiden Name,* Roppold

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Schlegerll

9. *Father's Occupation* Seaman

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument St

Remarks,

1897000008 02

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 of February
4. Place of Birth, (Street and Number) 509 S. Port St.
5. Full Name of Mother, Sara Mallery
6. Mother's Maiden Name, = Braun
7. Mother's Birthplace, Balto
8. Full Name of Father, William Mallery
9. Father's Occupation Laborer
10. Father's Birthplace, Connecticut

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss.

Address, 615 Port St.

Remarks,

8970000803

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of each birth and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the date and place of birth, and the name, color, and occupation of its parents, the date and place of marriage, and the full name and occupation of the father. In case a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236

RETURN OF A BIRTH. 80706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 5 1897
4. Place of Birth, (Street and Number) 415 N. Central Ave.
5. Full Name of Mother, Clara Maly
6. Mother's Maiden Name, Klotz
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl Maly
9. Father's Occupation Shoe - Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Frank St.

Remarks,

8 9 7 0 0 0 0 8 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1255.]

RETURN OF A BIRTH. 80707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 5, 1897.
4. *Place of Birth, (Street and Number)* 2937 Fait Ave
5. *Full Name of Mother,* Frances Clemsen
6. *Mother's Maiden Name,* Frances Carson
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Richard H. Clemsen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, A J Sauer MD

Address, 2027 O'Donnell Street

Remarks,

8970000805

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 5 1897
4. Place of Birth, (Street and Number) No. Boyd St extended
5. Full Name of Mother, Mary Klein
6. Mother's Maiden Name, Mary Hartwig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Klein
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970000806

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 86709

GIVEN NAME ADDED 8-1-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edwin albert Cox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6th February 1897
4. Place of Birth, (Street and Number)	2011 Hanover St
5. Full Name of Mother,	Louisa Francis Cox
6. Mother's Maiden Name,	Louisa Francis Swartz
7. Mother's Birthplace,	Philadelphia Pa
8. Full Name of Father,	Samuel Cox
9. Father's Occupation	Glass Blower
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return,	E A Brooks
Address,	1522 Light St
Remarks,	Dairy Milk

1897000008 07

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH. 80710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	6. Feb.
4. *Place of Birth, (Street and Number)*	1401 Hull st. 1401
5. *Full Name of Mother,*	Susanah Mayer
6. *Mother's Maiden Name,*	" Fickinson
7. *Mother's Birthplace,*	England.
8. *Full Name of Father,*	Thomas Mayer
9. *Father's Occupation,*	Trade Potter
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other person who makes this Return,	Dolf. Myers
Address,	133 Hull St. C. P.
Remarks,	

1897000008 08

Wm. J. C. Dulany Co., City Printers and Stationers.

...the same on a blank schedule, to be furnished by the Commissioner of ... shall enter the ... register of such birth, and shall contain a list of ... Health. This schedule shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and ... mouth, and shall set forth as far as the same can be ascertained the full name of each child; and the ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nt

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colort
3. *Date of Birth,* Saturday February 6th
4. *Place of Birth, (Street and Number)* 1306 c Nth Chapel stt
5. *Full Name of Mother,* Anie Robison
6. *Mother's Maiden Name,* Anie Mcentire
7. *Mother's Birthplace,* Wilmington N C
8. *Full Name of Father,* John Robison
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Cranville C Virginia

Name of Medical Attendant, or other person who makes this Return, Maria F Wright

Address, 823 Nth Ensor Stt

Remarks, None

8 9 7 0 0 0 0 8 0 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether* 1*st*, 2*nd*, 3*rd*, *&c.*~~)

1. *Sex,* (~~*state whether* male *or female*~~)
2. *Race or Color,* (~~*if not of the* white *race*~~)
3. *Date of Birth,* July 6th 1897 - 12.15 A.M.
4. *Place of Birth,* (Street and Number) 1239 Druid Hill ave
5. *Full Name of Mother,* Mary E. K Lennon
6. *Mother's Maiden Name,* Wildenfirst
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eustace E. K Lennon
9. *Father's Occupation* Both Nurses & Jacob D Jenkins Pharm
10. *Father's Birthplace,* Alex & Hanover Md.

Name of Medical Attendant, or other person who makes this Return, 25 N. Preston St

Address,

Remarks, Instrumentae

1897 U 0000810

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 80713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 6th
4. *Place of Birth, (Street and Number)*	76 S. Carrollton Ave.
5. *Full Name of Mother,*	Sallie V. Carroll
6. *Mother's Maiden Name,*	" " Thomas
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles H. Carroll
9. *Father's Occupation,*	Boilermaker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Kate A. Goiglein
Address,	805 Vine st.
Remarks,	

8970000811

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 6 1897
4. *Place of Birth, (Street and Number)* 823 W. Saratoga St.
5. *Full Name of Mother,* Yettie Lasarity
6. *Mother's Maiden Name,* Yettie Silverstonovitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Reuben Lasarity
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 25 Lloyd St.

Remarks,

8 9 7 0 0 0 0 8 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

RETURN OF A BIRTH. 80715

CERTIFICATE CORRECTED 10-1-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Christopher Betz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 6 — 1897
4. Place of Birth, (Street and Number) 1121 Granby
5. Full Name of Mother, Catherine (Kate) Betz
6. Mother's Maiden Name, (Carl) Powell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Betz
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. 24th St.

Remarks, 8970000813

SECTION 5. Any person whose charge or superintendence a birth shall hereafter take place, shall be furnished by the Commissioner of Baltimore under whose charge or superintendence a birth shall hereafter take place, to be furnished by the Commissioner of Health, with blank schedules, to be filled up with the particulars required by this ordinance, and to

Registration of Births which have occurred in Baltimore City shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Feb 6 1897
4. *Place of Birth, (Street and Number)* 2418 Henrietta
5. *Full Name of Mother,* Hattie Stubbs
6. *Mother's Maiden Name,* Gloucester Co Va
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Annie Thompson

Address, 825 Remington Ave

Remarks, 1897 0000814

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4t

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of February 1899.
4. *Place of Birth, (Street and Number)* 1922 Orleans St
5. *Full Name of Mother,* Marie Gokel
6. *Mother's Maiden Name,* Marie Fogarty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Henry Gokel
9. *Father's Occupation* Colleg Janitor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hill

Address, 207 N. Castle Str

Remarks, \ \ \ \ \

8 9 7 0 0 0 0 8 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 6 97
4. Place of Birth, (Street and Number) 623 N. Washington
5. Full Name of Mother, Mary T. McShane
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Cashmere
8. Full Name of Father, B. C.
9. Father's Occupation, John M. McShane
10. Father's Birthplace, Architect
Name of Medical Attendant, or other person who makes this Return, B. C.
Address, Geo. L. Dilletus
Remarks, 6 N. Broadway

8 9 7 U 0 0 0 8 1 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of February
4. *Place of Birth, (Street and Number)* 2608 Hudson St
5. *Full Name of Mother,* Anna Jesky
6. *Mother's Maiden Name,* Kasmarky
7. *Mother's Birthplace,* Persien (Germ)
8. *Full Name of Father,* John Jesky
9. *Father's Occupation* Laboln
10. *Father's Birthplace,* Persien (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss

Address, 613 S. Port St.

Remarks, Please inform health commissioner Etc that this child is suffering with sore eyes Ids.

8970000817

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ascertained as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6th 1897
4. *Place of Birth, (Street and Number)* 145 N. West St Balto Md
5. *Full Name of Mother,* Louise Ries
6. *Mother's Maiden Name,* Louise Hunter
7. *Mother's Birthplace,* Laurel Prince Georges
8. *Full Name of Father,* George Franklin Ries
9. *Father's Occupation* Ice Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 149 N. West St Balto Md

Remarks,

8970000818

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~1002 S. Eutaw St~~ Feb. 6, 1892
4. Place of Birth, (Street and Number) 1002 S. Eutaw St
5. Full Name of Mother, Carrie E. Pinder
6. Mother's Maiden Name, Carrie E. Palmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry H. Pinder
9. Father's Occupation Usher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Harris

Address, 105 west Hurley st

Remarks, full term

8 9 7 U 0 0 0 8 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 7th 97
4. *Place of Birth, (Street and Number)* 1638 N. Wolfe str.
5. *Full Name of Mother,* Rose Steen
6. *Mother's Maiden Name,* Rose Keithley
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* George Steen
9. *Father's Occupation* Lady Maker
10. *Father's Birthplace,* Prots. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1033 N. Caroline ext.

Remarks,

8970000820

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby - 7th 1897
4. Place of Birth, (Street and Number) 517 Oxford Ave.
5. Full Name of Mother, Clara Arrington
6. Mother's Maiden Name, Clara Thompson
7. Mother's Birthplace, Sykesville Carroll Co Md.
8. Full Name of Father, Edward D. Arrington
9. Father's Occupation Fireman
10. Father's Birthplace, Hennyton Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return, H. J. Pillsbury, M.D.

Address, 602 E. 29th St.

Remarks,

8 9 7 0 0 0 0 8 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 80724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Feamale
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 7th 1897
4. *Place of Birth, (Street and Number)* 1227 Hanover st
5. *Full Name of Mother,* Cunitta Schaffering
6. *Mother's Maiden Name,* Cunitta M Hubbard
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Schaffering
9. *Father's Occupation* Dauman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, Daug Well

8 9 7 0 0 0 0 8 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the office of the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th February 1899
4. *Place of Birth, (Street and Number)* 18 E Beverley St
5. *Full Name of Mother,* Lizzie Schultz
6. *Mother's Maiden Name,* Lizzie Sherman
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Lewis Schultz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dairy Mill

8 9 7 0 0 0 0 8 2 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Feb 7
4. *Place of Birth, (Street and Number)* 33 E Barclay St
5. *Full Name of Mother,* Alice Ivanfaster
6. *Mother's Maiden Name,* " McCubbin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. A Ivanfaster
9. *Father's Occupation* Musician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm H Mongan

Address, 112 South St

Remarks,

8970000008 24

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Jebuary 17 1897
4. Place of Birth, (Street and Number) Elmey st 800
5. Full Name of Mother, corey robirson
6. Mother's Maiden Name, corey Polk
7. Mother's Birthplace, Brigeville
8. Full Name of Father, Jamer robirson
9. Father's Occupation Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, carrat Jane Harrison

Address, 105 west Lurey st

Remarks, full 9 months

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

847U0000825

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if ~~not of the white race~~) white
3. Date of Birth, Feb. 7th 1897
4. Place of Birth, (Street and Number) 204 S. Eden st.
5. Full Name of Mother, Ida Drahn
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Samuel Drahn
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

18970000825

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth such as the same can be ascertained; the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. 80729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 7 — 1897
4. *Place of Birth, (Street and Number)* 1524 Eastern Ave
5. *Full Name of Mother,* Maggie R. Kastner
6. *Mother's Maiden Name,* Sklegel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George H. Kastner
9. *Father's Occupation* Potter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 0 8 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th of Feb 1897
4. *Place of Birth, (Street and Number)*	Baltimore Md No 1301 Columbia Ave
5. *Full Name of Mother,*	Annie Boeger
6. *Mother's Maiden Name,*	Hirath
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Boeger
9. *Father's Occupation,*	Locksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Joseph Mark Lansing
Address,	417 S Broadway St Baltimore Md
Remarks,	Mother and Child are doing well.

8 9 7 U 0 0 0 0 8 2 8

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 7th Feb 1897.
4. *Place of Birth, (Street and Number)* 1414 Bruce St.
5. *Full Name of Mother,* Jamie Booth
6. *Mother's Maiden Name,* Jamie Duckett
7. *Mother's Birthplace,* Prince George Co
8. *Full Name of Father,* Wm H. Booth
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson

Address,

Remarks,

8 9 7 0 0 0 0 8 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ond
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 7th 1897
4. *Place of Birth, (Street and Number)*	No 1404 Battery ave
5. *Full Name of Mother,*	Katie Heying
6. *Mother's Maiden Name,*	Katie Franz
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Louis Heying
9. *Father's Occupation*	Backer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Catherine Horning
Address,	No 517 Byrd St
Remarks,	

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 4 7 U 0 0 0 8 3 0

RETURN OF A BIRTH. 80733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy. Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th February
4. *Place of Birth, (Street and Number)* 1012 E. Lombard St
5. *Full Name of Mother,* Birdie Steins
6. *Mother's Maiden Name,* Birdie Stein.
7. *Mother's Birthplace,* Sydlava Russia.
8. *Full Name of Father,* Louis Steins
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Sydlava Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 0 8 3 1

GIVEN NAME ADDED. 1-14-59

RETURN OF A BIRTH. 80734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given name - Sophia

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Feby 7th 1897
4. Place of Birth, (Street and Number) 1215 Ensor St
5. Full Name of Mother, Annie L. Shaver
6. Mother's Maiden Name, " " Balst
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles C. Shaver
9. Father's Occupation Housefurnishing Store
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Shaver M.D.

Address, 215 N. Bentalou

Remarks,

8970000832

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80,735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First,
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	2.7.96.
4. *Place of Birth, (Street and Number)*	929 E. Biddle St.
5. *Full Name of Mother,*	Mamie Morris,
6. *Mother's Maiden Name,*	Mamie Kearney.
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Cecil Smith Morris.
9. *Father's Occupation*	Manager for Laundry.
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	C. Hempel, M.D.
Address,	1103 Valley St.
Remarks,	

8 9 7 0 0 0 0 8 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

which have occurred under his or her care during the
Health. This schedule shall contain a list of the births which h
ained the full name of each child, (if any shall have
n of its parents, the date and place of birth, and the
oner in the form of a certificate between the first and
ommissioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
he manner and within the period above required, and
ply with the provisions of this section shall be sub-
ecovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8th 1894
4. Place of Birth, (Street and Number) 116 Market Space
5. Full Name of Mother, Rosa Friedman
6. Mother's Maiden Name, Rosa Schoenwald
7. Mother's Birthplace, Austria
8. Full Name of Father, Philip Friedman
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H Pollack

Address, 1112 Eutaw St. North

Remarks,

8970000834

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

FORM 1236]

RETURN OF A BIRTH. 87738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the ~~white~~ race)* Colored
3. *Date of Birth,* Feb 8, 1897
4. *Place of Birth, (Street and Number)* 1346 W Watcoat
5. *Full Name of Mother,* Eva Butler
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* Illegitl
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, H. H. Cushing M.D.

Address, Ind. Homeopathic Hospital.

Remarks,

8970000835

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the family of each householder, or in any house, tenement or lodging room occupied as a separate family, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8th 1897
4. Place of Birth, (Street and Number) 1126 Jefferson Street
5. Full Name of Mother, Mary Bernadett
6. Mother's Maiden Name, Mary Allen
7. Mother's Birthplace, England
8. Full Name of Father, Edward Bernadett
9. Father's Occupation Pattern Maker & Engraver
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Dunc A White for M D

Address, 819 Aisquith Street

Remarks,

8970000836

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7. Febr.
4. *Place of Birth, (Street and Number)* 1425 Andrew st.
5. *Full Name of Mother,* Emilie Faber
6. *Mother's Maiden Name,* " Sommer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Faber
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Asst. Mayer.

Address, 1331 Hull St. Locust Point

Remarks,

84700000837

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 12-4-56

RETURN OF A BIRTH. 80741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Charles Gralley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 8th 1897
4. Place of Birth, (Street and Number) 613 West Baltimore St
5. Full Name of Mother, Barbara J Gralley
6. Mother's Maiden Name, Barbara J Krantz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Gralley Jr
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Heligonda Slifer

Address, 734 St Peter St

Remarks,

8 9 7 0 0 0 0 8 3 3

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred since the date of the last preceding return, and shall have been entered in the records of the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February. 8th 1887.
4. *Place of Birth, (Street and Number)*	1523 Alice anna Street
5. *Full Name of Mother,*	Jennie. White
6. *Mother's Maiden Name,*	Jennie. Knoble
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Robert. White
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Anna. Lenz. midwife
Address,	1539 Alice Anna Street
Remarks,	

847U0000839

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feby 8 1897.
4. *Place of Birth, (Street and Number)* 811 Mc. donough st.
5. *Full Name of Mother,* Mrs Lottie Rollins
6. *Mother's Maiden Name,* Miss Lottie Washington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Horace Rollins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia Pokyslvania

Name of Medical Attendant, or other person who makes this Return, Mrs Howard

Address, 1010 N. Chapple st.

Remarks,

1897 0020840

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th & Living

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Feb 7, 1897
4. Place of Birth, (Street and Number) 629 S Charles Street Balto
5. Full Name of Mother, Yettey Stern
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Stern
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss Lena Basker

Address, 1040 E Lombard Street

Remarks,

8970000841

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Now 2. Male

2. Race or Color, (if not of the white race) White ✓

3. Date of Birth, Febr. 9/97 ✓

4. Place of Birth, (Street and Number) 1533 E. Fayette St ✓

5. ~~Full~~ maiden Name of Mother, Mary Worthington ✓

6. ~~Mother's Maiden~~ Full Name, " Williams ✓

7. Mother's Birthplace, Balto City ✓

8. Full Name of Father, Wm L. Williams ✓

9. Father's Occupation, Can maker ✓

10. Father's Birthplace, Balto. City ✓

Name of Medical Attendant, or other person who makes this Return, J. C. Dulandorf M. D.

Address, 518 N. Bond St

Remarks,

8970000842

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Feb 3th 1897
4. *Place of Birth, (Street and Number)* 3 East Church St
5. *Full Name of Mother,* Lizzie Scribner
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Talbot County Md
8. *Full Name of Father,* John Scribner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Talbot County Md

Name of Medical Attendant, or other person who makes this Return. Margaretta Griggs

Address, 1125 Race St Balto Md

Remarks,

8 9 7 0 0 0 0 8 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been ascertained; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Seven

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 day of February 1897
4. Place of Birth, (Street and Number) 115 Hughes avenue
5. Full Name of Mother, Maria May
6. Mother's Maiden Name, Maria O'Dea
7. Mother's Birthplace, Co Galway Ireland
8. Full Name of Father, William H. May
9. Father's Occupation Fruit & oyster Canner
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm Jno Taylor

Address, 41 Gulfpost alley Baltimore

Remarks, All right

8970000844

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 7th 1896
4. *Place of Birth, (Street and Number)* No. 513 Fredrick Ave
5. *Full Name of Mother,* May Rigby
6. *Mother's Maiden Name,* May Mills
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jerry Rigby
9. *Father's Occupation* Teamster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 7 U 0 0 0 8 4 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. And it shall be the duty of the midwife who shall attend the birth of any child, to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 7th 1897
4. *Place of Birth, (Street and Number)* 1385 Wordyear St
5. *Full Name of Mother,* Mary L. Chamberlain
6. *Mother's Maiden Name,* " " Hammond
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William H Chamberlain
9. *Father's Occupation,* Lather
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, W K. Barnes MD

Address, 901 N Stricker St

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

8970000845

RETURN OF A BIRTH. 80750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 9 Feb 1897
4. *Place of Birth, (Street and Number)* 2125 Wilkens Ave
5. *Full Name of Mother,* Jessie Creamer
6. *Mother's Maiden Name,* " Peacock
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Jasper Creamer
9. *Father's Occupation* Upholster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, A T Zimmerman Mrs Flenge M D

Address, 110 S Arlington ave

Remarks,

8970000847

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 2 1897
4. *Place of Birth, (Street and Number)*	248 E Hamburg St
5. *Full Name of Mother,*	Estella Tracy
6. *Mother's Maiden Name,*	Estella Hubbard
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles Tracy
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	A L Caskey
Address,	213 E Heath St
Remarks,	Born Well

1897 0000848

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 9 1897
4. *Place of Birth, (Street and Number)* 113 E Baltimore St
5. *Full Name of Mother,* Maggie Baker
6. *Mother's Maiden Name,* Maggie Gigny
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Harry Baker
9. *Father's Occupation* Tackwayon
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Rosie Finberg

Address, 25 Lloyd St

Remarks,

8 4 7 U 0 0 0 8 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9th February
4. *Place of Birth, (Street and Number)* 810 South Port St
5. *Full Name of Mother,* Mary Curry
6. *Mother's Maiden Name,* Schumaker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Curry
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Geo. L. Voss 613 S Port St

Remarks,

697 0 0 0 0 8 5 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 9th 1897
4. Place of Birth, (Street and Number) No 13 Mont Clint Lane
5. Full Name of Mother, Annie Vogel
6. Mother's Maiden Name, Annie Heimiller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andreas Vogel
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Health. This schedule shall contain a true statement of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970000851

RETURN OF A BIRTH. 80755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 1897
4. *Place of Birth, (Street and Number)* 711 N Stricker St
5. *Full Name of Mother,* Florence Billups
6. *Mother's Maiden Name,* " Graham
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Saml K Billups
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, W. K. Warner MD

Address, 901 N Stricker St

Remarks,

8970000008852

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 9th 1897
4. Place of Birth, (Street and Number) 229 N. Calvert st.
5. Full Name of Mother, Josephine Manganella
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Andre Manganella
9. Father's Occupation Shoe-maker
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1897000000853

[1335.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 9th, 1897
4. *Place of Birth, (Street and Number)* 915 William St. Baltimore, Md.
5. *Full Name of Mother,* Stella Mason
6. *Mother's Maiden Name,* Stella Hipsley
7. *Mother's Birthplace,* Baltimore Co., Md.
8. *Full Name of Father,* Wm. Edward Mason
9. *Father's Occupation* Produce Commission Merchant.
10. *Father's Birthplace,* Prince Georges Co., Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, 1631 W. Pratt St. Baltimore, Md.

Remarks,

1897000008544

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 9 1897
4. *Place of Birth, (Street and Number)* 1524 Battery ave
5. *Full Name of Mother,* Martha Hupfeld
6. *Mother's Maiden Name,* Martha Vobel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Hupfeld
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child born, to any and have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1897000000855

1236.]

RETURN OF A BIRTH. 80759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 9 1897
4. *Place of Birth, (Street and Number)* 103 Barney St.
5. *Full Name of Mother,* Mary Voss
6. *Mother's Maiden Name,* Mary Voltrap
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Rudolph Voss
9. *Father's Occupation* Color
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1 8 9 7 0 0 0 0 8 5 6

GIVEN NAME ADDED 11-8-51

RETURN OF A BIRTH. 80760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine A. McHale

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4th 1897.
4. Place of Birth, (Street and Number) 135 Ingelside Ave.
5. Full Name of Mother, Mary Kate McHale
6. Mother's Maiden Name, Kate Stephens
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Luke McHale
9. Father's Occupation, Bottler
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Thos Dorsey

Address, 1809 Lamont St

Remarks,

8970000857

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

80761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	Feb. 10 – 97
4. *Place of Birth, (Street and Number)*	619 W. Hamburg St.
5. *Full Name of Mother,*	Minnie ~~Lehman~~ Pensmith
6. *Mother's Maiden Name,*	Minnie Oberheim
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Wm Pensmith
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	J. Tyler Smith
Address,	600 Columbia Ave
Remarks,	

...a blank schedule to be furnished by the Commis-
...he births which have occurred under his or her care
...can be ascertained, the full name of each child (if
...full name and occupation of its parents, the day and
...ed, duly signed by the practitioner, in the form of a
...every month to the Board of Health. In case the
...a physician, or of a practitioner of midwifery, or
...immediately thereafter, it shall then become the
...birth to the Board of Health, in the manner, and
...the births and deaths of illegitimate children, and
...with the provisions of this section shall be subject
...as other fines and penalties are recoverable.

...PLET & CO., CITY PRINTERS AND STATIONERS.

8970000858

RETURN OF A BIRTH. 80762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Febuary . 10 th 1897
4. *Place of Birth, (Street and Number)* 1108 . Light . St
5. *Full Name of Mother,* Mary . E. Holden
6. *Mother's Maiden Name,* Mary . E. Bathaia
7. *Mother's Birthplace,* Baltimore . md
8. *Full Name of Father,* John . F. Holden
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Baltimore . md

Name of Medical Attendant, or other person who makes this Return. Ellenora . A . anderson

Address, 1434 . Patapsco . St

Remarks,

8970000859

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 80763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	February 11th 97
4. *Place of Birth, (Street and Number)*	Balto Md - #727 Ramsay st
5. *Full Name of Mother,*	Kathleen Agnes Doherty
6. *Mother's Maiden Name,*	" " Dorn
7. *Mother's Birthplace,*	Balto Md 676 How st
8. *Full Name of Father,*	Nicholas John Doherty
9. *Father's Occupation,*	General Car Workman
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Mrs Kate Geoghegan
Address,	803 Pine st Mid Wife
Remarks,	

Boards, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1897 00000860

RETURN OF A BIRTH. 80764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11th February
4. *Place of Birth, (Street and Number)* 2716 O'Donnell
5. *Full Name of Mother,* Louise Young
6. *Mother's Maiden Name,* Decker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest Young
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Chas G. Weiss 613 S. Port St

Remarks,

8970000008611

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11 1897
4. Place of Birth, (Street and Number) 165 S Stockholm St
5. Full Name of Mother, Maggie Boyer
6. Mother's Maiden Name, Maggie Strickfast
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo Boyer
9. Father's Occupation Store Keeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M D Cassaway

Address, 213 E Heath Street

Remarks, Corrected

8970000008 62

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Childs

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 Feb
4. *Place of Birth, (Street and Number)* 1820 Canton Ave
5. *Full Name of Mother,* Annie Schumann
6. *Mother's Maiden Name,* Annie Schlereth
7. *Mother's Birthplace,* Louisville Ky
8. *Full Name of Father,* Franz Schumann
9. *Father's Occupation* Basket Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm J Schumann

Address, 1820 Canton Ave

Remarks,

1897 0000863

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] and shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 11th 1897
4. *Place of Birth, (Street and Number)* No 910 Brevard St
5. *Full Name of Mother,* Mary Gaines
6. *Mother's Maiden Name,* " Murphy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Moses Gaines
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave

Remarks,

8 9 7 0 0 0 0 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~One~~ Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11. day of Febryary 1897.
4. Place of Birth, (Street and Number) 1045 N. Lexington St. City of Balto.
5. Full Name of Mother, Hermine Warther Becker
6. Mother's Maiden Name,
7. Mother's Birthplace, Brunswick Germany.
8. Full Name of Father, Edward Warther
9. Father's Occupation Cabinet Maker.
10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other person who makes this Return, Mrs W. Waennel Midwife

Address,

Remarks,

8 4 7 0 0 0 0 8 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 80769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 11 — 1899
4. Place of Birth, (Street and Number) 328 S. Spring St.
5. Full Name of Mother, Jula Haste
6. Mother's Maiden Name, Ulrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Haste
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

8970000086

Wm. J. C. Dulany Co., City Printers and Stationers.

The Midwife or Nurse in attendance upon any birth shall report to the Commissioner of Health a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 80770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male-
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 6- 1897
4. *Place of Birth, (Street and Number)* 2028 Jefferson place
5. *Full Name of Mother,* Mary Yingling
6. *Mother's Maiden Name,* Bowers
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Rodger Yingling
9. *Father's Occupation* Plumber-
10. *Father's Birthplace,* Baltimore Md-

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, Green & Mulberry

Remarks,

8970000867

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of births, this shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80771

GIVEN NAME ADDED 2-24-56

RETURN OF A BIRTH. 8(

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Milton Charles Powers 7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 7/97
4. *Place of Birth, (Street and Number)*	1525 Edson St
5. *Full Name of Mother,*	Elizebeth Powers
6. *Mother's Maiden Name,*	Young
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph F Powers
9. *Father's Occupation*	Railroader
10. *Father's Birthplace,*	Newark New Jersey
Name of Medical Attendant, or other person who makes this Return,	Mrs Wooden
Address,	
Remarks,	

8 9 7 0 0 0 0 0 8 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7-

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 7. 1897

4. *Place of Birth, (Street and Number)* 538 Biddle al.

5. *Full Name of Mother,* Elizabeth Bradly Harris

6. *Mother's Maiden Name,* Virginia

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Surther Bradley

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, Green & Mulberry Sts

Remarks,

8 9 7 U 0 0 0 8 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 9 - 97
4. Place of Birth, (Street and Number) 1724 N. Montfet
5. Full Name of Mother, Mary Bowning
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, William Bowning
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Charles W. Bubert

Address, 1928 Penna Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 · 0 0 8 7 0

RETURN OF A BIRTH. 80774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* Feb 11th 97
4. *Place of Birth,* (Street and Number) 721 W. Germain St
5. *Full Name of Mother,* Cora Koerning
6. *Mother's Maiden Name,* Cora Koerning
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Koerning
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. W. K. Simmons

Address, 1134 Hollins

Remarks, 8970000871

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Thursday July 21, 97
4. *Place of Birth, (Street and Number)* 213 Dawson alley
5. *Full Name of Mother,* Edith Gateley
6. *Mother's Maiden Name,* Edith Stotler
7. *Mother's Birthplace,* Indiana Co Pa
8. *Full Name of Father,* Geo (Col) Gateley
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Roanoke

Name of Medical Attendant, or other person who makes this Return, Mary L Stidham

Address, 110 Leader Gale to Pt Pleasant

Remarks,

8 9 7 0 0 0 0 8 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and such set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Feb 11/97

4. *Place of Birth, (Street and Number)* No 1705 Ensor St

5. *Full Name of Mother,* Maggie Gilbert

6. *Mother's Maiden Name,* Reed

7. *Mother's Birthplace,* Washington

8. *Full Name of Father,* Edward Gilbert

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1917 E Monument Ave

Remarks,

8 9 7 U 0 0 0 8 7 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 11 1897

4. *Place of Birth, (Street and Number)* 41 E Montgomery St

5. *Full Name of Mother,* Carrie Carr

6. *Mother's Maiden Name,* Carrie Ira

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Martin Carr

9. *Father's Occupation* Oyster Shucker

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W R Lashey

Address, 213 E Heath St

Remarks, Dairy Male

1897 00000874

Wm. J. C. Dulany Co., City Printers and Stationers

FORM 1236.]

RETURN OF A BIRTH. 80778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 11/1897
4. *Place of Birth, (Street and Number)*	# 20 Hollins St Extended
5. *Full Name of Mother,*	Mrs. Lina Volkert
6. *Mother's Maiden Name,*	Miss. " Truschel
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John Volkert
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Miller
Address,	#2008 N. Henry St
Remarks,	

8 9 7 U 0 0 0 8 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The Register of such district, who shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* febry the 11
4. *Place of Birth, (Street and Number)* fine st 714
5. *Full Name of Mother,* mary ann brafford
6. *Mother's Maiden Name,* mary ann shorts
7. *Mother's Birthplace,* north calinia
8. *Full Name of Father,* James brown
9. *Father's Occupation* rock lake
10. *Father's Birthplace,* carfelenia

Name of Medical Attendant, or other person who makes this Return, mrs Hamil Jones

Address, 1004 woodyers st

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 4 7 0 0 0 0 8 7 6

RETURN OF A BIRTH. 80780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (~~state whether male or~~ female)* Female
2. *Race or Color, (~~if not of the~~ white race)* White
3. *Date of Birth,* February 11th 1897
4. *Place of Birth, (Street and Number)* 1908 McCullough St
5. *Full Name of Mother,* Mary E. Pettit
6. *Mother's Maiden Name,* Mary E. Henderson
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Emmett L. Pettit
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Chas. St.

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970000877

RETURN OF A BIRTH 80781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd -

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th day of Feb - 1897
4. *Place of Birth, (Street and Number)* 417 N Eutaw St
5. *Full Name of Mother,* Florence Sawyer
6. *Mother's Maiden Name,* Maebee
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Shelton Geo. Sawyer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Columbia S.C.

Name of Medical Attendant, or other person who makes this Return. Raulston Stoddard M.D.

Address,

Remarks, 707 W Fillmore St

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8 9 7 0 0 0 0 8 7 8

RETURN OF A BIRTH. 80782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 11th 1897
4. Place of Birth, (Street and Number) 1502 Aisquith St.
5. Full Name of Mother, Sarah A. Halloran
6. Mother's Maiden Name, Sarah A Kerner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John F. Halloran
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave

Remarks,

8970000879

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 80783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W hite
3. *Date of Birth,* Sept 12th 1877
4. *Place of Birth, (Street and Number)* 811 Fitzer st
5. *Full Name of Mother,* Annie Gilbert
6. *Mother's Maiden Name,* Annie Lipkea
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Gilbert
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. P. Harrington

Address, 924 Binney St

Remarks,

1 8 9 7 0 0 0 0 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336]

RETURN OF A. BIRTH. 80784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 12 — 1897
4. Place of Birth, (Street and Number) 322 S. Central Ave.
5. Full Name of Mother, Annie Locker
6. Mother's Maiden Name, Linlender
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Locker
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 0 8 8 1

2 36.]

RETURN OF A BIRTH. 80785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 12. 1897
4. *Place of Birth, (Street and Number)* Waverly
5. *Full Name of Mother,* Lalia Williams
6. *Mother's Maiden Name,* Sallie Lee
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jack Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 28 Talbot St Waverly Balto City

Remarks, Well

8 9 7 0 0 0 0 8 8 2

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 February 1897
4. *Place of Birth, (Street and Number)* 221 Grindell St
5. *Full Name of Mother,* Henrietta Arnold
6. *Mother's Maiden Name,* Henrietta Long
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Arnold
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1812 Light St

Remarks, Dying W Ill

8 9 7 0 0 0 0 8 8 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fred Kurt Flechtner

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 12. 97

4. Place of Birth, (Street and Number) 709 W. Saratoga

5. Full Name of Mother, Lizzie Flechtner

6. Mother's Maiden Name, Holan brink

7. Mother's Birthplace, Europe

8. Full Name of Father, Frank Flechtner

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Jno. H. Pickel

Address, 1312 Ashland ave.

Remarks, GIVEN NAME ADDED. 3-9-53

8970000884

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-14-59

RETURN OF A BIRTH. 80788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Effie Holzwigh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb, 2 2d 1897
4. Place of Birth, (Street and Number) 1019 E Lombard
5. Full Name of Mother, Rosa Holzwigh.
6. Mother's Maiden Name, " Lifpitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Sam Holzwigh
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. F. Feldman

Address, 1013 E. Lombard St.

Remarks,

Every midwife, or other person whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 7 0 0 0 0 8 8 5

RETURN OF A BIRTH. 80789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state ~~whether male~~ or female)*
2. *Race or Color, (~~if not of the white race~~)*
3. *Date of Birth,* 6 February 1897
4. *Place of Birth, (Street and Number)* 2230 Fairmount Ave
5. *Full Name of Mother,* Mrs. Eva L. Price
6. *Mother's Maiden Name,* Eva L. Jones
7. *Mother's Birthplace,* Utah
8. *Full Name of Father,* Hardy K. Price
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Utah

Name of Medical Attendant, or other person who makes this Return. Dr. F. Leonard M.D.

Address, 25 Jackson Place

Remarks,

8970000008886

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 12 febuary
4. *Place of Birth, (Street and Number)* Mayer St 2032
5. *Full Name of Mother,* Bettie alice Robison
6. *Mother's Maiden Name,* Bettie alice perrell
7. *Mother's Birthplace,* richmond county va
8. *Full Name of Father,* William Robison
9. *Father's Occupation* laborer
10. *Father's Birthplace,* richmond city

Name of Medical Attendant, or other person who makes this Return, susan Cooper

Address, 123 N. Durham St

Remarks, no remarks Dr Long

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 0 8 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb ~~xx~~ 12 1897
4. Place of Birth, (Street and Number) 2004 Oliver St
5. Full Name of Mother, Susan Flamm
6. Mother's Maiden Name, Susan Conway
7. Mother's Birthplace, Balto
8. Full Name of Father, John Flamm
9. Father's Occupation ~~xxx~~ Arab
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M P Lasky

Address, 243 E Heath

Remarks, Dang Well

8970000888

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Feb 12th 1897
4. Place of Birth, (Street and Number) #407 Smallwood St.
5. Full Name of Mother, Mrs Leane Kramer
6. Mother's Maiden Name, Miss " Kraft
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Mr. Chas Kramer
9. Father's Occupation Labor
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, 2008 Mc Henry St

Remarks,

1897 00000889

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Physician, Midwife or other person who shall neglect or refuse to report the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

59

RETURN OF A BIRTH. 80793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th February 1877
4. *Place of Birth, (Street and Number)* No 1408 Andrew Pl. E.O.
5. *Full Name of Mother,* Agnes Carlhill
6. *Mother's Maiden Name,* " Noland
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Carlhill
9. *Father's Occupation* Soilder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffer

Address, No 1708 E Fort Ave E.O.

Remarks,

1 8 9 7 0 0 0 0 8 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth also the same and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-27-52

RETURN OF A BIRTH. 80 794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Rosina Kreiling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 d February 1897
4. *Place of Birth, (Street and Number)* No 1402 Linden Ave
5. *Full Name of Mother,* Elisabeth Kreiling
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Emil Kreiling
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Lizzie Schaffler

Address, No 1201 E. Fort Ave

Remarks,

8 9 7 0 0 0 0 8 9 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Feb 12/97
4. *Place of Birth, (Street and Number)* No 1605 N. Caroline St
5. *Full Name of Mother,* Aeggie Kane
6. *Mother's Maiden Name,* Hetchen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kane
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E. Monument St.

Remarks,

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 0 0 8 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88796

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, or who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feb 13. 97
4. *Place of Birth* (Street and Number)	906 Brevard St.
5. *Full Name of Mother*	Mary Cannon Ruzonicas
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Edward Ruzonicas
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	L. D. Lobstein M.D.
Address	1214 Linden Ave.
Remarks	

8 9 7 0 0 0 0 8 9 3

RETURN OF A BIRTH. 80 796½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child. Benjamin Bass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th of February
4. Place of Birth, (Street and Number) 905 E. Pratt St.
5. Full Name of Mother, Sarah Bass
6. Mother's Maiden Name, Sarah Bass
7. Mother's Birthplace, Pocroy Russ.
8. Full Name of Father, Morris Bass
9. Father's Occupation Blacksmith
10. Father's Birthplace, Pocroy Russ.

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8970000894

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 13/97
4. Place of Birth, (Street and Number) 1736 Bolton
5. Full Name of Mother, Amelia Hecht
6. Mother's Maiden Name, " Doepfig
7. Mother's Birthplace, B. C.
8. Full Name of Father, Myer C. Hecht
9. Father's Occupation, Merchant
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo L. Wilkins M.D.

Address, 6 W. Bway

Remarks,

8 9 7 0 0 0 0 8 9 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Feb 9th 1897
4. *Place of Birth, (Street and Number)*	#8 S. Bethel St
5. *Full Name of Mother,*	Mary King
6. *Mother's Maiden Name,*	" Wales
7. *Mother's Birthplace,*	Eastern Shore Md
8. *Full Name of Father,*	Wm Wales
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	N. Jersey
Name of Medical Attendant, or other person who makes this Return,	Walter A. Baem M. D.
Address,	#1816 E. Pratt St.
Remarks,	

8970000896

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Caucasian
3. *Date of Birth,* February 13th 1897
4. *Place of Birth, (Street and Number)* 2132 W. Chews Ave.
5. *Full Name of Mother,* a. Gertrude Bowers
6. *Mother's Maiden Name,* a. G. Becker
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Geo. Bowers
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Richmond, Va.

Name of Medical Attendant, or other person who makes this Return. G. Neudel, M.D.

Address, 2151 W. Chews Ave.

Remarks,

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 0 8 9 7

RETURN OF A BIRTH. 80800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twelve.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 13th February 1897.
4. *Place of Birth, (Street and Number)* 1236 Stockholm Street.
5. *Full Name of Mother,* Mary J. Adams.
6. *Mother's Maiden Name,* Mary J. Schmidt.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John A. Adams.
9. *Father's Occupation* laborer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Susan Waters.

Address, 1218. Bayard Street.

Remarks,

8 9 7 0 0 0 0 8 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each house since the last return of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday February 13 Th 1897
4. *Place of Birth, (Street and Number)* No 245 Hanover St
5. *Full Name of Mother,* Annie Grieten
6. *Mother's Maiden Name,* Annie Hammerbacher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Grieten
9. *Father's Occupation* Cabnet Maker
10. *Father's Birthplace,* Belgium

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

| 8 9 7 0 0 0 0 8 9 9

FORM 1236]

RETURN OF A BIRTH. 80802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 13 1897
4. Place of Birth, (Street and Number) 247 S. Bond
5. Full Name of Mother, Dora Cooper
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Cooper
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fall St.

Remarks,

8970000900

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Feb 13th 47
4. *Place of Birth, (Street and Number)* No 519 Aisquith
5. *Full Name of Mother,* Sadie Witter
6. *Mother's Maiden Name,* Hennick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Witter
9. *Father's Occupation* Labor work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E Monument Str.

Remarks,

Health. This Schedule shall contain a list of the births which have occurred since the date of the last return, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0 0 0 0 9 0 1

80804

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 13, 1

4. *Place of Birth, (Street and Number)* 1613 Pater

5. *Full Name of Mother,* Eliza Lotter

6. *Mother's Maiden Name,* Eliza Lotter Ja

7. *Mother's Birthplace,* Bal

8. *Full Name of Father,*

9. *Father's Occupation*

Mother's Birthplace,

ant, other person who makes this

8 9 7 0 0 0 0 9 0 2

...rson practicing midwifery in the City of ...ust and ornament that every person ... correct and ... keep a true and correct ... take place, shall hereafter take ... a birth shall ... schedule, to be ... Commissioner of ... under whose charge or superintendence ... occurred under his or her care during the ... of such birth, and shall enter the same on blank ... to be furnished by the Commissioner of ... This schedule shall contain a list of the births which have occurred ... ll set forth as far as the same can be ascertained the full name of each child, (if any shall have ... its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... be delivered duly signed by the practitioner in the form of a certificate between the first and ... month to the office of the Commissioner of Health. In case the birth of any child ... dance of a physician or practioner of midwifery, or should no other person be in ... immediately thereafter it shall become the duty of the person or parents of such ... Commissioner of Health, in the manner and within the period above required, and ... who shall hereafter fail to comply with the provisions of this section shall be sub- ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 801805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, February th 13 1897
4. Place of Birth, (Street and Number) ray st 110
5. Full Name of Mother, Annie Reese
6. Mother's Maiden Name, Anne Walyce
7. Mother's Birthplace, Nanticoke Citty
8. Full Name of Father, John Reese
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bridgeit Flunt

Address, 719 Miner Court

Remarks, full 9 months

SECTION 7.—And be it further enacted and ordained that every person having charge of any lying-in establishment, or midwife, or physician, or practitioner of midwifery, in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8970000903

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Margaret A Buck

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 13 1897
4. *Place of Birth, (Street and Number)* 1407 E Eager Av,
5. *Full Name of Mother,* Ida Emma A Buck
6. *Mother's Maiden Name,* Ida Emma A Kaufler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick R Buck,
9. *Father's Occupation,* Dairying
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, C G Keefer M.D.

Address, 1329 E Biddle St

Remarks,

1897 00000904

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if ~~not~~ of the white race)* white
3. *Date of Birth,* Feb. 14th 1897
4. *Place of Birth, (Street and Number)* 823 Granby st.
5. *Full Name of Mother,* Marie Sitka
6. *Mother's Maiden Name,* " Palutaz
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Alois Sitka
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

18970000905

*...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practi... ...of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the C... ...or practioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or pra... ...ter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it s... ...alth, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in... ...to comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to com... ..., to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be

FORM 1236]

RETURN OF A BIRTH. 80808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 14-1897
4. *Place of Birth, (Street and Number)* #3006 Dillon St.
5. *Full Name of Mother,* Elizabeth R Hodges.
6. *Mother's Maiden Name,* Nelson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Geo. R Hodges.
9. *Father's Occupation* Echandelier Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P Harrington

Address, 924 - Binney St Balto

Remarks,

8970000906

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 14 Feb 1897
4. *Place of Birth, (Street and Number)* 635 Gilman st City
5. *Full Name of Mother,* Lizzie Elliott
6. *Mother's Maiden Name,* Townsend
7. *Mother's Birthplace,* Butte City
8. *Full Name of Father,* John W Elliott
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Emily Hughes

Address, 652 Cider alley Butte Mt

Remarks,

8 9 7 0 0 0 0 9 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

2.36.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8(1 8(1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 14 1897
4. Place of Birth, (Street and Number) 2409 N. Stockton St
5. Full Name of Mother, Clara Harvey.
6. Mother's Maiden Name, Mills
7. Mother's Birthplace, Md
8. Full Name of Father, Alfred Harvey.
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins

Address, Green & Mulberry Sts

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970000908

GIVEN NAME ADDED 3/15/50

RETURN OF A BIRTH. 80811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2d Hazel V. Wilson

1. *Sex,* (~~state whether male or~~ female) Female
2. *Race or Color,* (~~if not of the~~ white ~~race~~) White
3. *Date of Birth,* February 14th 1897
4. *Place of Birth,* (Street and Number) 1112 Myrtle ave
5. *Full Name of Mother,* Mary J Wilson
6. *Mother's Maiden Name,* Mary J Slade
7. *Mother's Birthplace,* Baltimore Co. Md
8. *Full Name of Father,* James L Wilson
9. *Father's Occupation* Book-keeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 00 00 09 02

[236.]

RETURN OF A BIRTH. 81812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* Feb 4 1897.
4. *Place of Birth, (Street and Number)* 1018 Vincent St.
5. *Full Name of Mother,* Sophia Carroll.
6. *Mother's Maiden Name,* Shanks.
7. *Mother's Birthplace,* Charles Co.
8. *Full Name of Father,* Johnnie Carroll.
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Saint Mary Co.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1128 Saratoga St.

Remarks, Balto Md

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1897000009 10

...ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th - Twin

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 14/97 at 9 25 Am.
4. *Place of Birth, (Street and Number)* 2362 E. Albemarle
5. *Full Name of Mother,* Mary L. Bahulme
6. *Mother's Maiden Name,* " " Hamel
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Geo. L. Bahulme
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Williams

Address, C. N. Bracey.

Remarks,

18970000911

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80 813/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th — Twin

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby. 14 / 97 at 8 55 A.M.

4. Place of Birth, (Street and Number) 236 S. Edmondale

5. Full Name of Mother, Mary L. Behulnie

6. Mother's Maiden Name, " " Hamel

7. Mother's Birthplace, B. C.

8. Full Name of Father, Geo. L. Behulnie

9. Father's Occupation, Laborer

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Williams

Address, 6. N. Brady

Remarks,

8970000912

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 14th 1897
4. *Place of Birth, (Street and Number)* 1228 N. Spring St City
5. *Full Name of Mother,* Carrie Smith
6. *Mother's Maiden Name,* Carrie Jackson
7. *Mother's Birthplace,* Lexington Va
8. *Full Name of Father,* Harry Smith
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Peggie Hudnall

Address, 824 N. Spring St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1897 0 0 0 0 0 9 1 3

RETURN OF A BIRTH. 80815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14 th 97
4. *Place of Birth, (Street and Number)* 1427 E. Lombard St.
5. *Full Name of Mother,* Lena Styet
6. *Mother's Maiden Name,* Lena Styet
7. *Mother's Birthplace,* Razilia Rus.
8. *Full Name of Father,* Sam Styet.
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Razilia Rus

Name of Medical Attendant, or other person who makes this Return, Mrs. Slawansky

Address, 1022 E. Lombard St

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

18970000914

GIVEN NAME ADDED, 12-11-63

RETURN OF A BIRTH. 80816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie Lynde HARRISON Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 14: 1897
4. Place of Birth, (Street and Number) 243 N. Carey St.
5. Full Name of Mother, Mollie Lynde Davenport-Disney,
6. Mother's Maiden Name, " " " Cunningham,
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, Edward Anderson Disney,
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Anne Arundel County, Md.

Name of Medical Attendant, or other person who makes this Return, C Horlas Getz M.D.

Address, 312 N. Carey St.

Remarks,

1897 00000915

month, and shall set forth as far as the same can be ascertained been conferred; its sex, color, the full name and occupation of it said schedule shall be delivered, duly signed by the practitioner i third day of each and every month to the office of the Commiss shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall bec child to report its birth to the Commissioner of Health, in the ma any such person or persons who shall hereafter fail to comply wi jected to the fine of ten (10) dollars for each offence, to be recovere

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second,
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	2.15.97.
4. *Place of Birth, (Street and Number)*	1318 Wilcox Street,
5. *Full Name of Mother,*	Annie B. Routh.
6. *Mother's Maiden Name,*	" " Brooks,
7. *Mother's Birthplace,*	Balto: Md.,
8. *Full Name of Father,*	Danl B. Routh.
9. *Father's Occupation*	Railroad,
10. *Father's Birthplace,*	Penna.
Name of Medical Attendant, or other person who makes this Return,	J. F. Hembel, M.D.
Address,	1103 Valley St.
Remarks,	

8 9 7 0 0 0 0 9 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 16th 1897
4. *Place of Birth, (Street and Number)* 1350 Carroll Street Balto
5. *Full Name of Mother,* Louisa Thompson.
6. *Mother's Maiden Name,* Louisa Smith
7. *Mother's Birthplace,* Amiaramal Co. in D
8. *Full Name of Father,* Walter Thompson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Gracie Harris

Address, 818 Stockholm Street

Remarks,

8970000917

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 15 1897
4. *Place of Birth, (Street and Number)* 1025 Penn. av
5. *Full Name of Mother,* Francis Gobst
6. *Mother's Maiden Name,* — Bloom
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Gobst
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W.B. Hawkins

Address, Green & Mulberry st

Remarks,

+ 8 7 7 0 0 0 0 9 1 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 808-20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Edward Akehurst

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15. February.
4. Place of Birth, (Street and Number) 1426 Decatur St.
5. Full Name of Mother, Mary Akehurst.
6. Mother's Maiden Name, " (Maloy) Maloy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Akehurst.
9. Father's Occupation, Laboar.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dolf. Mason.

Address, 1331 Lisbon St. Point.

Remarks,

8 9 7 0 0 0 0 9 1 9

Wm J. C. Dulany Co., City Printers and Stationers.

Each Contractor of his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 15, 1897
4. Place of Birth, (Street and Number) 1020 Carlson St.
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name, Mary Williams
7. Mother's Birthplace, Germany
8. Full Name of Father, William Davis
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Galvay

Address, 434 Fort ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970000920

Health. The Return of a Birth shall contain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80 822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb. 15 1897
4. *Place of Birth, (Street and Number)* ~~1~~ 1122 N. Mount St.
5. *Full Name of Mother,* Emma Charles
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Reginald
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. H. Hanaley M.D.

Address, Md. Homeopathic Hospital

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 7 0 0 0 0 9 2 1

RETURN OF A BIRTH. 80823.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Eva Marquerite Deal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July - 10th 1897
4. Place of Birth, (Street and Number) 2702 Brone St.
5. Full Name of Mother, Eva Margaret Deal
6. Mother's Maiden Name, Eva Margaret Craid
7. Mother's Birthplace, Arlington Baltimore County
8. Full Name of Father, Espee A. Deal
9. Father's Occupation Plumber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury M.D.

Address, 602 E. 27th St.

Remarks,

8970000922

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 13th 1897
4. Place of Birth, (Street and Number) 705 Gold St
5. Full Name of Mother, Rosa Griffith
6. Mother's Maiden Name, Cleveland
7. Mother's Birthplace, Howard Co.
8. Full Name of Father, Ewell Griffith
9. Father's Occupation Carpenter
10. Father's Birthplace, Annarundel Co Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

8 9 7 0 0 0 0 9 2 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81825

GIVEN NAME ADDED. 7-18-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Michel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 5th 1897
4. Place of Birth, (Street and Number)	209 S. Wolfe st
5. Full Name of Mother,	Lillie E. Michel
6. Mother's Maiden Name,	Lillie E. Eurich
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Michel
9. Father's Occupation.	Tailor
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	N. H. Johnson, M.D.
Address,	1916 East Pratt st.
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8 9 7 0 0 0 0 9 2 4

RETURN OF A BIRTH. 80826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Monday Feb. 15, 97
4. *Place of Birth, (Street and Number)*	736 Pennsylvania Ave
5. *Full Name of Mother,*	Anna Baikstie.
6. *Mother's Maiden Name,*	Anna Hammond.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	August Baikstie,
9. *Father's Occupation*	Baker,
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Hilligeada Schielfer,
Address,	734 St Peter St,
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 7 U 0 0 0 0 9 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15 97
4. *Place of Birth, (Street and Number)* 2107 Penna ave
5. *Full Name of Mother,* Rosa Cohen
6. *Mother's Maiden Name,* Dorot Rosa Ackerman
7. *Mother's Birthplace,* Roumania
8. *Full Name of Father,* P. Cohen
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Roumania

Name of Medical Attendant, or other person who makes this Return, Charles H. Seibert

Address, 1928 Penna ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 0 9 2 6

M 1336]

RETURN OF A BIRTH. 80828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 15 1897
4. Place of Birth, (Street and Number) 2110 Orleans St.
5. Full Name of Mother, Florence Hartan
6. Mother's Maiden Name, Hayward
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Harton
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

1897 00000927

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15 1897
4. *Place of Birth, (Street and Number)* 200 N. High St
5. *Full Name of Mother,* Sarah Chazin
6. *Mother's Maiden Name,* Sclar
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lewies Chazin
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosie Finneberg

Address, 25 Lloyd St

Remarks,

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 00000928

1236.]

RETURN OF A BIRTH. 80830.

GIVEN NAME ADDED 11-8-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louise Vahle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 February 1897
4. Place of Birth, (Street and Number) 5 E Barney St
5. Full Name of Mother, Henretta Vahle
6. Mother's Maiden Name, Henretta Vahle
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Vahle
9. Father's Occupation Cooker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E A Brookes

Address, 152 E Lanvale St

Remarks, Dairy Milk

8970000929

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80831

CERTIFICATE CORRECTED 9-2-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred Agnes O'Brien Record

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 16 1899

4. Place of Birth, (Street and Number) 325 N. Stricker St.

5. Full Name of Mother, Carrie O'Brien

6. Mother's Maiden Name, (Befeldt) Beefelt

7. Mother's Birthplace, Balto

8. Full Name of Father, Walter O'Brien

9. Father's Occupation Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L Norwood (md)

Address,

Remarks, By N. Fayette St.

1899 10000930

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 February 1897
4. *Place of Birth, (Street and Number)* 1706 Byrd St.
5. *Full Name of Mother,* Lizzie Bender
6. *Mother's Maiden Name,* Lizzie Kempthouse
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Bender
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. F. Brooks

Address, 1528 Light St

Remarks, Living Well

1897 0000931

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1336.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 February 1897
4. *Place of Birth, (Street and Number)* 617 Forstmans Alley
5. *Full Name of Mother,* Mollie Kammern
6. *Mother's Maiden Name,* Mollie Brouers
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip Kammern
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. A. Brooks

Address, 1828 Light St

Remarks, Dems Well

1897 0 0 0 0 9 3 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th Feb 1897

4. Place of Birth, (Street and Number) 1207 S. Charles st

5. Full Name of Mother, Jennie R. Jackman

6. Mother's Maiden Name, Watts

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Willard Jackman

9. Father's Occupation Motorman Traction Steel car Co

10. Father's Birthplace, Frederick Co

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brooks

Address, 928 Eighth

Remarks, Barry Well

8970000933

Baltimore under whose charge or superintendence a birth shall happen shall cause the particulars required by the Commissioner of Health to be furnished by the Commissioner of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80835

GIVEN NAME ADDED 7/12/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Raymond Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 16th 1861
4. Place of Birth, (Street and Number) 126 E Chase St
5. Full Name of Mother, Florence Fink
6. Mother's Maiden Name, " Leasure
7. Mother's Birthplace, New York
8. Full Name of Father, George M. Fink
9. Father's Occupation Undertaker
10. Father's Birthplace, Both Germany

Name of Medical Attendant, or other person who makes this Return, Geo. W. Rae M.D.

Address, 711 N Calvert St

Remarks,

8-1000093

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. Dulany Co., City Printers and Stationers.

80836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo

of such birth, and shall enter the same on blank schedule, to be furnished by the Comm...
This schedule shall contain a list of the births which have occurred under his or her care du... e
, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
ouldrred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
hedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
day of each and every month to the office of the Commissioner of Health. In case the birth of any child
ccur without the attendance of a physician or practioner of midwifery, or should no other person be in
dance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
to report its birth to the Commissioner of Health, in the manner and within the period above required, and
such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
d to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or Color, (if ~~not of the~~ white race) white
3. Date of Birth, Feb. 16th 1897
4. Place of Birth, (Street and Number) 117 ~~N~~ High st. ...
5. Full Name of Mother, Jennie Janowsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, David Janowsky
9. Father's Occupation Rabbi
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

80836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or Color, (if ~~not~~ of the white race) white
3. Date of Birth, Feb. 16th 1897
4. Place of Birth, (Street and Number) 117 ~~N~~ High st. &
5. Full Name of Mother, Jennie Janowsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, David Janowsky
9. Father's Occupation Rabbi
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970000935

of such birth, and shall enter the same on blank schedule, to be furnished by the Comm...

This schedule shall contain a list of the births which have occurred under his or her care du... , and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ...onferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...hedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...ccur without the attendance of a physician or practicuer of midwifery, or should no other person be in ...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ..., to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...uch person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...d to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision the same is, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 16th 1897
4. Place of Birth, (Street and Number) 815 Caroline St
5. Full Name of Mother, Sophia Steele
6. Mother's Maiden Name, Sophia Gaugh
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Steele
9. Father's Occupation, Oyster Cutter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Dorsey

Address, 1809 Lan... St

Remarks,

Wm. J. C. Duiany Co., City Printers and Stationers.

89700009366

RETURN OF A BIRTH. 80838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose in his office. Health. This schedule shall contain a list of the births which have occurred under his observation month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 February
4. Place of Birth, (Street and Number) 1616 Lancaster Str.
5. Full Name of Mother, Seri Lala
6. Mother's Maiden Name, Makarsky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kristian Lale
9. Father's Occupation Work-man
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Pott

Address, 838 S. Bond Str.

Remarks, Balto. Md. City

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 7 U 0 0 0 0 9 3 7

RETURN OF A BIRTH. 80839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* femal
2. *Race or Color, (if not of the white race)* Colurd
3. *Date of Birth,* februarg th 16 1944
4. *Place of Birth, (Street and Number)* 712 terir Lust
5. *Full Name of Mother,* Hanner Jackrin
6. *Mother's Maiden Name,* Hanner Willaims
7. *Mother's Birthplace,* talbert County
8. *Full Name of Father,* george Willaims
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Clairfield

Name of Medical Attendant, or other person who makes this Return, Birdgit Hunt

Address, 1719 Miver County

Remarks, full 9 months

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1 8 9 7 0 0 0 0 9 3 8

RM 1236.]

RETURN OF A BIRTH. 80840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 17th 1897
4. *Place of Birth, (Street and Number)* No 127 Millington Ave
5. *Full Name of Mother,* Gertrude Engle
6. *Mother's Maiden Name,* Gertrude Keffe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Engle
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Fredrick Ave, corner

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970000939

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 80841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 17 '97
4. Place of Birth, (Street and Number) 1735 Carlyle Place
5. Full Name of Mother, Ellen S Bill
6. Mother's Maiden Name, Boyce
7. Mother's Birthplace, England
8. Full Name of Father, Robt S Bill
9. Father's Occupation, Mechanic
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mont. Smith M.D.

Address, 1514 Linden Ave

Remarks, Not present at birth. Practice 2 + 8 mos.
Blanks & quote license by, —

8 4 7 0 0 0 0 9 4 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

M 1336]

CERTIFICATE AMENDED - 4/16/24

RETURN OF A BIRTH. 81842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: IRENE ~~LILLIAN~~ ISAAC

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 17 1899
4. Place of Birth, (Street and Number) 644 Portland St.
5. Full Name of Mother, Lillie ~~Isaak~~ ISAAC
6. Mother's Maiden Name, Lewart
7. Mother's Birthplace, Virginia
8. Full Name of Father, John ~~Isaak~~ ISAAC
9. Father's Occupation Cooper
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 0 9 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 17th
4. *Place of Birth, (Street and Number)*	#406 Castle st.
5. *Full Name of Mother,*	Barbra Connelly
6. *Mother's Maiden Name,*	Barbra Welch
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Connelly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	*Mary A. Portner
Address,	#247 S. Chester st.
Remarks,	

8970000942

said schedule shall be delivered, duly signed by the practitioner, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 811844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 17th 1897
4. Place of Birth, (Street and Number) 105 S. High st.
5. Full Name of Mother, Louise Bohne
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Bohne
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 7 0 0 0 0 9 4 3

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 81845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 17 1897
4. *Place of Birth, (Street and Number)* 1415 Covington st
5. *Full Name of Mother,* Anna Shriner
6. *Mother's Maiden Name,* Anna Hardlein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Shriner
9. *Father's Occupation* Laba
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

84700009944

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1-21-57

RETURN OF A BIRTH. 80846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Helen ~~Feldman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18th 1897
4. Place of Birth, (Street and Number) 133 S. Caroline St
5. Full Name of Mother, Fillie Feldman
6. Mother's Maiden Name, Fillie Block
7. Mother's Birthplace, Pumvas Rus.
8. Full Name of Father, Davis Feldman
9. Father's Occupation Tailor
10. Father's Birthplace, Riga Rus.

Name of Medical Attendant, or other person who makes this Return, Miss Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

1897000009 45

register of such births, and shall contain a list of the births which have occurred since the date of the last return, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have Health. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child; and the said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col

3. *Date of Birth,* 18th February 1897

4. *Place of Birth, (Street and Number)* 134 Henriette St Balto Md

5. *Full Name of Mother,* Elizabeth Pinkney

6. *Mother's Maiden Name,* Balty Md

7. *Mother's Birthplace,* John Brooks

8. *Full Name of Father,* Laborer

9. *Father's Occupation* Balto Md

10. *Father's Birthplace,* Margreth Spragg

Name of Medical Attendant, or other person who makes this Return,

Address, 1125 Race St Balto Md

Remarks,

8 9 7 0 0 0 0 9 4 6

...month, and shall state the name and residence of the parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 Feb. 1897
4. *Place of Birth, (Street and Number)* 1112 Caksie Str.
5. *Full Name of Mother,* Georgina Kresler
6. *Mother's Maiden Name,* " Gallner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Kresler
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Nagarett & Ettel

Address, 1619 Cuba Str.

Remarks,

8970000947

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80 84

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

80849

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 18th 97

4. Place of Birth, (Street and Number) Baltimore Md 803

5. Full Name of Mother, Bessie S. Tennyson

6. Mother's Maiden Name, Bessie S Lomax

7. Mother's Birthplace, St Mary's Co Md

8. Full Name of Father, Joseph C. Tennyson

9. Father's Occupation Laborer

10. Father's Birthplace, St Mary's Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Jay

Address, 41 Guilford Ally

Remarks,

8970000948

Wm. J. C. Dulany Co,. City Printers and Stationers.

Births. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the City Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ak schedule, to be furnished by
which have occurred under his or her
rtained the full name of each child, (if any
on of its parents, the date and place of birth, and
actitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

80850

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	18. February.
4. *Place of Birth, (Street and Number)*	139. W Baltimore St
5. *Full Name of Mother,*	Maga Utterreither
6. *Mother's Maiden Name,*	Maria Krieg.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Joe Utterreither.
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary K Voss.
Address,	119. S. Wolfe Street
Remarks,	

0 7 0 0 0 0 9 4 9

80851

RETURN OF A BIRTH. 8085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 18th 1897
4. Place of Birth, (Street and Number) 1033 Hillen st.
5. Full Name of Mother, Esther Wolsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Wolsky
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 7 0 0 0 1 9 5 0

the Health Departm...
tal Statistics in the City

...acted and ordained that every person practicing ...
...ge or superintendence a birth shall hereafter take place, shall ke...
...and shall enter the same on blank schedule, to be furnished by the C...
...ule shall contain a list of the births which have occurred under his or her care ...
...et forth as far as the same can be ascertained the full name of each child, (if any shall ...
...s sex, color, the full name and occupation of its parents, the date and place of birth; and the ...
...ll be delivered, duly signed by the practitioner in the form of a certificate between the first and ...
...of each and every month to the office of the Commissioner of Health. In case the birth of any child ...
without the attendance of a physician or practitioner of midwifery, or should no other person be in ...
...pon the mother, immediately thereafter it shall become the duty of the person or parents of such ...
...rt its birth to the Commissioner of Health, in the manner and within the period above required, and ...
...son or persons who shall hereafter fail to comply with the provisions of this section shall be sub...
...fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 18 1907

4. *Place of Birth, (Street and Number)* No 452 Argyle Ave

5. *Full Name of Mother,* Mary Platt

6. *Mother's Maiden Name,* Schmidt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Platt

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument St

Remarks,

1897000009 51

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Rev. 1236.]

RETURN OF A BIRTH. 80853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th Feb 1897
4. Place of Birth, (Street and Number) 1625 Race
5. Full Name of Mother, Maggie Dunhoff
6. Mother's Maiden Name, Mc Krauty
7. Mother's Birthplace, Balto
8. Full Name of Father, Lorenz Dunhoff
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brookes

Address, 828 Light St

Remarks, Doing Well

8970000952

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 18 1917
4. Place of Birth, (Street and Number) 1916 Eastern ave
5. Full Name of Mother, Elyse Wilhelmine Lebuhn
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Mary White
8. Full Name of Father, Baer
9. Father's Occupation England
10. Father's Birthplace, P. G. Dauretus

Name of Medical Attendant, or other person who makes this Return, 1731 E. Balto. st.

Address, above was a six months foetus

Remarks, 8970000953

Wm. J. C. Dulany Co., City Printers and Stationers.

...n of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its ...been delivered, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth & Dead

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 14th 1897
4. *Place of Birth, (Street and Number)* Balto. 1000 Leadenhall St
5. *Full Name of Mother,* Carrie E Lash
6. *Mother's Maiden Name,* Carrie Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Archibal E Lash
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Jones

Address, 1020 S. Sharp St

Remarks, X

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

+ 8970000954

(OVER)

RETURN OF A BIRTH. 80856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Katherine Marie

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st live born

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feby 19 97

4. Place of Birth, (Street and Number) 1926 Preston St

5. Full Name of Mother, Annie M. Holzer

6. Mother's Maiden Name, " " Gunnel

7. Mother's Birthplace, B. C.

8. Full Name of Father, Fred. A. Holzer

9. Father's Occupation, Clerk

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilson

Address, 6 N. Broadway

Remarks,

8 9 7 0 0 0 0 9 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Feb 19 1897
4. *Place of Birth, (Street and Number)* No 215 S Exeter Str
5. *Full Name of Mother,* Katie Wolf
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wolf
9. *Father's Occupation* Piano Tuner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument Str

Remarks,

8970000956

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 19 1897
4. *Place of Birth, (Street and Number)*	N 1816 Lorman st City
5. *Full Name of Mother,*	Lizzie Anders
6. *Mother's Maiden Name,*	Lizzie Kuhli
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Ellsworth M Anders
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Frederick Co Md
Name of Medical Attendant, or other person who makes this Return,	Jno M. D. Stuckey
Address,	131 Lombard and St
Remarks,	

8970000957

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, february 19th
4. Place of Birth, (Street and Number) ensor st 823
5. Full Name of Mother, Lizzie Beasley
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anjson Beasley
9. Father's Occupation, labor
10. Father's Birthplace, virginia

Name of Medical Attendant, or other person who makes this Return, Minnie Wright

Address, 823 ensor st

Remarks, will you please send me same envelope

1897 0 0 0 0 9 5 8

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 19th 1897
4. Place of Birth, (Street and Number) No 794 Fredrick Ave
5. Full Name of Mother, Anna Heiniger
6. Mother's Maiden Name, Anna Cack
7. Mother's Birthplace, Germany
8. Full Name of Father, Fedrant Heiniger
9. Father's Occupation Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Fredrick Ave

Remarks,

1897 0 0 0 0 9 5 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 February
4. *Place of Birth, (Street and Number)* 1630 Thames Str.
5. *Full Name of Mother,* Katie Ciran
6. *Mother's Maiden Name,* Solus
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Majk Ciran
9. *Father's Occupation* Wak-man
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Fitt

Address, 838 Bond St.

Remarks, Balto. Md. City.

1897 0 0 0 0 9 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 19th
4. Place of Birth, (Street and Number) 1305 E. Pratt St.
5. Full Name of Mother, Annie Bass
6. Mother's Maiden Name, Annie Berman
7. Mother's Birthplace, Pocroy Russia
8. Full Name of Father, Joe Bass
9. Father's Occupation Tailor
10. Father's Birthplace, Pocroy Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8970000961

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the ... the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. 80863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 February 1897
4. *Place of Birth, (Street and Number)* 707 Byrd St
5. *Full Name of Mother,* Mary McCaffrey
6. *Mother's Maiden Name,* Mary Clark
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Daniel McCaffrey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, E. F. Brooks

Address, 1808 Light St

Remarks, Dom Mail

1897000000962

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 Februar
4. *Place of Birth, (Street and Number)* 1122 Hubert St.
5. *Full Name of Mother,* M. Nicholas
6. *Mother's Maiden Name,* " King
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Nicholas
9. *Father's Occupation,* Laboar
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other person who makes this Return, Eudy. Watson

Address, 1331 Hull St

Remarks,

8 9 7 0 0 0 0 9 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 80865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th day of February 1897
4. Place of Birth, (Street and Number) 2712 W. Lafayette ave Ex Lincoln
5. Full Name of Mother, Maggie Emma Packie
6. Mother's Maiden Name, Pursley
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, Charles A. Packie
9. Father's Occupation, Collector for Adams Express Co.
10. Father's Birthplace, Baltimore City, Md

Name of Medical Attendant, or other person who makes this Return, Paul [illegible] Ford M.D.
Address,
Remarks,

8970000964

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 80866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th February
4. Place of Birth, (Street and Number) 2541 Canton ave
5. Full Name of Mother, Mary Ann Gallop
6. Mother's Maiden Name, Mary Ann Foxwell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Gallop
9. Father's Occupation, Can Maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Louisa Chinard

Address, 2438 Canton ave.

Remarks,

1897 00000965

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...register of such birth, and shall enter in the ... of the births which have occurred ... of each child. If any such ... register shall contain a list of the births which have occurred the full name of each child. If any such ... Health. This schedule shall contain as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ... month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ... been conferred; duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate. In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 80867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 20 — 1897
4. *Place of Birth, (Street and Number)* 520 S. Wolf St
5. *Full Name of Mother,* Annie Rusy
6. *Mother's Maiden Name,* Buenker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stephan Rusy
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970000966

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80 868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 February
4. Place of Birth, (Street and Number) S. Bond Ste. 735
5. Full Name of Mother, Carrie Refsh
6. Mother's Maiden Name, Rathgeber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Refsh
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Rutt.

Address, 838 S. Bond Ste.

Remarks, Balto. Md. City.

8970000967

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One - Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20/97.
4. *Place of Birth, (Street and Number)* 1539 Argyle Ave
5. *Full Name of Mother,* Elizabeth Coyne
6. *Mother's Maiden Name* Coyne
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward A Coyne
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Morris L. Robins M.D.

Address, 1344 Druid Hill Ave

Remarks,

1897 00000968

Wm. J. C. Dulany Co., City Printers and Stationers

Register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 20th 1897
4. *Place of Birth, (Street and Number)* 918 Collins St.
5. *Full Name of Mother,* Kattie Marie Carter
6. *Mother's Maiden Name,* Kattie Marie Matt
7. *Mother's Birthplace,* Oil City Pa
8. *Full Name of Father,* Francis Herman Carter
9. *Father's Occupation,* Shipping Clerk
10. *Father's Birthplace,* Kenansville Carolina Co Md.

Name of Medical Attendant, or other person who makes this Return, H Pollack M.D.

Address, 1112 Eutaw St. North.

Remarks, Georgie Culbertson Carter: Baby's Name

8 9 7 U 0 0 0 0 9 6 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

236.]

RETURN OF A BIRTH. 80871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been considered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 20 1897
4. *Place of Birth, (Street and Number)* 920 Westphall Place
5. *Full Name of Mother,* Dora Zefza
6. *Mother's Maiden Name,* Sanz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charlie Zefza
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwab

Address, 434 E. Fort Ave.

Remarks,

+ 8 9 7 0 0 0 0 9 7 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 20th 1897
4. *Place of Birth, (Street and Number)* 912 E. Fayette st.
5. *Full Name of Mother,* Marie Finkman
6. *Mother's Maiden Name,* Saron
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Samuel Finkman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

8970000971

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.) Fifth

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Feby 21st 1897.
4. Place of Birth, (Street and Number) 123 North Paca St
5. Full Name of Mother, Catherine McKenny
6. Mother's Maiden Name, " Cunningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William McKenny
9. Father's Occupation Tailor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. J. Chesney

Address, 25 N. Poulton St

Remarks,

8970000972

~~Whoever, after the birth of any child, shall neglect or refuse to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed by law, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 814874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Kiebel

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, February 21st 1897
4. Place of Birth, (Street and Number) 1136 S. Charles St
5. Full Name of Mother, Julia L ~~Hunkel~~ Kiebel
6. Mother's Maiden Name, Julia L Hunkel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F Kiebel
9. Father's Occupation Harness-maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles St.

Remarks,

8970000973

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XX

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 21st
4. *Place of Birth, (Street and Number)* 1513 N. Regester St.
5. *Full Name of Mother,* Amelia Bertha Holland
6. *Mother's Maiden Name,* Amelia Bertha Schmidtke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Charles Holland
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. D. Drewes - Mid-Wife.

Address, 1625 Hopkins Ave.

Remarks,

8970000974

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday Feb 21st 97
4. *Place of Birth, (Street and Number)* 515 N. Front St
5. *Full Name of Mother,* Clara Ziegler
6. *Mother's Maiden Name,* Clara Pitt
7. *Mother's Birthplace,* Pottsville Penna
8. *Full Name of Father,* Geo Ziegler
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Edward Lund

Address, 112 N. Mulberry St Baltimore Md

Remarks,

1897 0 0 0 0 9 7 5

said schedule shall be delivered, duly signed by the practitioner in charge, the occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ 1*st*, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* Feb 22d 1897
4. *Place of Birth,* (*Street and Number*) 423 E. Monument St
5. *Full Name of Mother,* Mary E. Burns
6. *Mother's Maiden Name,* Mary E. Roche
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James J. Burns
9. *Father's Occupation* Coach-man
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. Thos. Cooke

Address, 914 N. Charles St

Remarks,

1897 0 0 0 0 9 7 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr 21 97
4. *Place of Birth, (Street and Number)* Aisquith St 1361
5. *Full Name of Mother,* Eva Taylor
6. *Mother's Maiden Name,* West
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Samuel Taylor
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Johanna Jourke
Garrett also 1362

Address,

Remarks,

8970000977

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Dulany Co., City Printers and Stationers

FORM 1236

RETURN OF A BIRTH. 81879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 23. 1897.
4. Place of Birth, (Street and Number) 213 Conway St
5. Full Name of Mother, Tekley Rubasefsky
6. Mother's Maiden Name, Tekley Savetzkis
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Rubasefsky
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Barre Str.

Remarks,

8970000978

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6"

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 23d 97
4. *Place of Birth, (Street and Number)* 321 S. Calvert St
5. *Full Name of Mother,* Mary E. King
6. *Mother's Maiden Name,* Mary E. Ruggold
7. *Mother's Birthplace,* Kent Co. Md.
8. *Full Name of Father,* Charles King
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Somerset Co Md.

Name of Medical Attendant, or other person who makes this Return. Howard C Silver

Address, 1427 E Fayette St

Remarks, This is a twin by small and puny not sure how it will get along

8970000979

Ever

Health. This schedule shall contain a list of the births which have occurred since the ... of each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Feb 12 3
4. Place of Birth, (Street and Number) Woodyard Rt 100 Balto md
5. Full Name of Mother, Emma Franklin
6. Mother's Maiden Name, Emma Jaylds (Head)
7. Mother's Birthplace, Madison Conty
8. Full Name of Father, John A Franklin
9. Father's Occupation doctor Janitor
10. Father's Birthplace, Berlin Worchter md

Name of Medical Attendant, or other person who makes this Return,

Address, Woodyard Rt 100 Mrs Jones

Remarks,

8970000988

Wm. J. C. Dulany Co,. City Printers and Stationers.

The full name of each child must be given; and the register of births shall contain a list of the Christian names of the children, if any, and the full name of each child shall be ascertained; the date and place of birth; and the names, residences, and occupations of its parents, so far as the same can be ascertained from them. This schedule shall contain a list of the Christian names of the children, if any, and the full name of each child shall be ascertained; the date and place of birth; and the Health, and shall set forth as far as the same can be ascertained of its parents, the date and place of the first and month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 February
4. *Place of Birth, (Street and Number)* 838 S. Bond Ste.
5. *Full Name of Mother,* Rosie Bolden
6. *Mother's Maiden Name,* Augustin
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Peter Bolden
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Proth.

Address, 838 S. Bond Ste.

Remarks, Balto. Md. City.

1897000098 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-4-59

RETURN OF A BIRTH. 81883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eve Estelle Carter

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1 st - 1897
4. Place of Birth, (Street and Number) 5-24 N Gay
5. Full Name of Mother, Rose E Carter
6. Mother's Maiden Name, Rose E Tupton
7. Mother's Birthplace, Md
8. Full Name of Father, Henry L Carter
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. W F Doll M D

Address, 1001 Ed Ave

Remarks,

8 4 7 0 0 0 0 9 8 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

every person practicing midwifery in the City of
l hereafter take place, shall keep a true and correct
schedule, to be furnished by the Commissioner of
ch have occurred under his or her care during the
ed the full name of each child, (if any shall have
of its parents, the date and place of birth; and the
er in the form of a certificate between the first and
missioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

and ordained
tendence a birth shall
r the same on blank
a list of the births which
he same can be ascertained
full name and occupation of its
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 30884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 2nd, 1897
4. *Place of Birth, (Street and Number)* 1001 Linden Ave, Cor. of Preston St
5. *Full Name of Mother,* Laura F. Hancock.
6. *Mother's Maiden Name,* Laura Frost
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* J. Q. Hancock.
9. *Father's Occupation* Commission Merchant Grocer,
10. *Father's Birthplace,* Charles Co. Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.,

Address, S. W. Cor. ~~East~~ Calvert & Preston

Remarks,

397 0 0 0 0 9 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 2nd
4. Place of Birth, (Street and Number) 1823 Dumnett Place
5. Full Name of Mother, Mrs E E. Henry
6. Mother's Maiden Name,
7. Mother's Birthplace, City
8. Full Name of Father, Edgar E. Henry
9. Father's Occupation, Coal porter
10. Father's Birthplace, N. Va

Name of Medical Attendant, or other person who makes this Return, W F. Voll M D,

Address, 1001 E Lan

Remarks,

8 9 7 0 0 0 0 9 8 4

Record of Vital Statistics in the City of Baltimore

SECTION 7.—And be it further enacted ... the full ... Baltimore under whose charge or superintendence ... child, of any ... shall have ... and place of birth; and the ... register of such birth, and shall enter the ... office of the Commissioner of Health. In case the birth of any child ... Health. This schedule shall contain ... a physician or practitioner of midwifery, or should no other person be in ... month, and shall set forth as far as ... immediately thereafter it shall become the duty of the person or parents of such ... child ... sex, color, ... Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, within ten days thereafter, register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th,

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 5th, 1897
4. *Place of Birth, (Street and Number)* 1323 Hellman St
5. *Full Name of Mother,* Emma J. Hess,
6. *Mother's Maiden Name,* Emma J. Appleton
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Edward E. Hess
9. *Father's Occupation* N.C.R.R. Conductor ~~Pa~~
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8970000985

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 80887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on their records; and every midwife, or other person who shall attend upon any woman in labor, shall make a return of every birth occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 8 1897
4. *Place of Birth, (Street and Number)*	No 1723 Golds Lane
5. *Full Name of Mother,*	Mary Hanley
6. *Mother's Maiden Name,*	" Monk
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Edward Hanley
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Midwife
Address,	Mrs Katie Lear
Remarks,	No 1705 Byrd St Baltimore MD

8970000009 86

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 12th
4. *Place of Birth, (Street and Number)* 708 N. Monroe St.
5. *Full Name of Mother,* Emma Scott
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* N.Y.
8. *Full Name of Father,* J. Alver Scott
9. *Father's Occupation,* Marine Engineer
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, W. F. Dill M.D.

Address, 100 E. Eutaw

Remarks,

8 9 7 0 0 0 0 9 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the names of all children born within the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 80889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 13-th 97
4. Place of Birth, (Street and Number) 531 Oxford St.
5. Full Name of Mother, Martha Briscoe
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, Samuel Briscoe
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, O. L. Hassinger M.D.

Address, 314 N. Eutaw St.

Remarks,

8970000988

Baltimore under whose charge or superintendence a birth shall happen in such place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 80890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*~~state whether~~* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (*~~state whether~~ male ~~or female~~*)
2. *Race or Color,* (*~~if not of the~~ white race*)
3. *Date of Birth,* February 18th 1897
4. *Place of Birth,* (*Street and Number*) #1128 Patterson Ave
5. *Full Name of Mother,* Catharine (~~Lotz~~) Hlotz
6. *Mother's Maiden Name,* Catharine Hachmeister
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hachmeister
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. P. F. Benecke M. D.

Address, #1147 Holbrook st

Remarks, Full name of child - Carl Heinrich Hachemeister

8970000989

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 80891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 20
4. *Place of Birth, (Street and Number)* 2849 Kenyon Ave
5. *Full Name of Mother,* Alice Beuerlein McClelland
6. *Mother's Maiden Name,* Alice Beuerlein Snider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John J McClelland
9. *Father's Occupation* Comision Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Peregoy

Address, 2847 Fonvale St

Remarks,

8970000990

Wm. J. C. Dulany Co., City Printers and Stationers.

Registrar of such birth, and shall enter the same on the Register of Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 21st 1897
4. *Place of Birth, (Street and Number)* 539 Union St
5. *Full Name of Mother,* Alice Johnson
6. *Mother's Maiden Name,* " Watkins
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Walter Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* West River A.A. Co. Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

8970000991

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday February 21st. 1897.
4. *Place of Birth, (Street and Number)* 35 S. Carlin St.
5. *Full Name of Mother,* Anna Buckles.
6. *Mother's Maiden Name,* Anna Keyser
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George C Buckles
9. *Father's Occupation* B & O R.R. Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks, 8970000992

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 21
4. *Place of Birth, (Street and Number)* 701 Bloomingdale road
5. *Full Name of Mother,* Margie Lindenberg
6. *Mother's Maiden Name,* Margie Grunselaar
7. *Mother's Birthplace,* Bavaria Germany
8. *Full Name of Father,* Martin L Lindenberger
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Buds Germany

Name of Medical Attendant, or other person who makes this Return, Mary C O'Regan

Address, 2847 Fawcett St

Remarks,

8 9 7 0 0 0 0 9 9 3

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 80895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12. Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Feb the 21st 1897
4. *Place of Birth, (Street and Number)* N Stafford Baltimore Md
5. *Full Name of Mother,* Mrs Kate Piquett
6. *Mother's Maiden Name,* Kate Hoover
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George D Piquett
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. L A Piquett

Address, 33 N Stafford St

Remarks, all well and doing well

8 9 7 0 0 0 0 9 9 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[Form 1236.]

RETURN OF A BIRTH. 81896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Color.
3. *Date of Birth,*	February 4 1897
4. *Place of Birth, (Street and Number)*	823 Vincent St.
5. *Full Name of Mother,*	Sarah Elsie.
6. *Mother's Maiden Name,*	Gurton.
7. *Mother's Birthplace,*	Carlert Co.
8. *Full Name of Father,*	Alfred Elsie.
9. *Father's Occupation*	Laboring.
10. *Father's Birthplace,*	Carlert Co
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga St.
Remarks,	Balto Md

8 9 7 0 0 0 0 0 9 9 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 22
4. *Place of Birth, (Street and Number)* 2023 Franklin Road
5. *Full Name of Mother,* Ida Anna Brant
6. *Mother's Maiden Name,* Ida Anna Worly
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Benjamin F Brand
9. *Father's Occupation* Wool grader
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Pearcy

Address, 2247 Fawndale st

Remarks, Will be named Martha Washington

8 9 7 0 0 0 0 0 9 9 6

Brant

Health. This schedule shall contain a list of the births which have occurred in each district during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 25 1897
4. *Place of Birth, (Street and Number)* 602 E Howard St
5. *Full Name of Mother,* Annie Taylor
6. *Mother's Maiden Name,* Annie Rowthy
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* William Taylor
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Worcester Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs C. Williams

Address, 710 Leaden Hall St

Remarks,

8970000997

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the [illegible] the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 24th 1897
4. Place of Birth, (Street and Number) 526 St Mary's Ln
5. Full Name of Mother, Louvenia Watkins
6. Mother's Maiden Name, " Watts
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Winfield Watkins
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Dark Ave

Remarks,

8 9 7 0 0 0 0 9 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 80900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every physician or midwife in charge or superintendence a birth shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 25 1897.
4. *Place of Birth, (Street and Number)*	608 E Chapel St.
5. *Full Name of Mother,*	Ethel Thompson Barnett
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Richmond Va.
8. *Full Name of Father,*	William Thompson.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	R.S.A. Fields
Address,	Md. Homeo. Hospital 1122 N Mount St
Remarks,	

8970000999

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 80901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Leo Harold Fait

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 3/97
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Kate Viola Fait
6. Mother's Maiden Name, " " Fulton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leo Fait
9. Father's Occupation Oyster & Fruit Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 102 W. Lafayette ave

Remarks,

Filing Date: 1897

8 9 7 0 0 0 1 0 0 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10/97
4. Place of Birth, (Street and Number) 825 N. Fremont ave
5. Full Name of Mother, Jennie Lucy Hasenbalg
6. Mother's Maiden Name, " " Leuschow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest Hasenbalg
9. Father's Occupation Druggist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jas E Gibbons M.D.

Address, 1102 W Lafayette ave

Remarks,

8970001001

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 80903

GIVEN NAME ADDED 2-19-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Phillip Jackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 13 Feb. 1897
4. Place of Birth, (Street and Number) 1244 W. Baltimore St,
5. Full Name of Mother, Emma V. Jackson,
6. Mother's Maiden Name, Triplett,
7. Mother's Birthplace, Baltimore City,
8. Full Name of Father, Geo. T. Jackson,
9. Father's Occupation Prop. Restaurant,
10. Father's Birthplace, N. Y. State,

Name of Medical Attendant, or other person who makes this Return, E. L. Engle M. D.

Address, 1007 W. Fayette

Remarks,

8970001002

Wm. J. C. Dulany Co,. City Printers and Stationers.

same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (~~state whether~~ male or ~~female~~)*
2. *Race or Color, (~~if~~ not of the white race)* Colored
3. *Date of Birth,* Feb 14th 1897
4. *Place of Birth, (Street and Number)* 871 Lombard st
5. *Full Name of Mother,* Harriet Ann Butler
6. *Mother's Maiden Name,* Edwards
7. *Mother's Birthplace,* Prince Frederick Co Md
8. *Full Name of Father,* Charles Butler
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliz C. Price M.D.

Address, 1012 Madison ave

Remarks,

8970001003

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-31-52

RETURN OF A BIRTH. 80905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Larry Reginald ~~Lee~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 17. 1897
4. *Place of Birth, (Street and Number)* 536 West Gross Street
5. *Full Name of Mother,* Rosetta Lee
6. *Mother's Maiden Name,* Rosetta Henry
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* William Lee
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Louis Co. Va.

Name of Medical Attendant, or other person who makes this Return, Arilla Brooks.

Address, 1132 Warner Street

Remarks, Doing Well

8 7 0 0 0 1 0 0 4

Blank schedule, to be furnished by the Commissioner of
1. This schedule shall contain a list of the births which have occurred under his or her care during the
, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
conferred,) its sex, color, the full name and occupation
chedule shall be delivered, duly signed by the practitioner
day of each and every month to the office of the Commissioner of Health. In case the birth of any child
ccur without the attendance of a physician or practitioner of midwifery, or should no other person be in
ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
to report its birth to the Commissioner of Health, in the manner and within the period above required, and
ch person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1. That it shall be the duty of the Commissioner of Health to cause to be furnished to the proper persons a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 19th 1897. 7 to 9 pm
4. *Place of Birth, (Street and Number)* 708 Riesing Street
5. *Full Name of Mother,* Jeannette V C Sherlock.
6. *Mother's Maiden Name,* Jeannette V Coisal.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William C. Sherlock.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Mt Washington Md.

Remarks,

8970001005

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb. 21 st 1897
4. *Place of Birth, (Street and Number)*	441 Forest St
5. *Full Name of Mother,*	Annie Elizabeth Sampson
6. *Mother's Maiden Name,*	Annie Elizabeth Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Sampson
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Louisa Stafford
Address,	324 Chestnutt St
Remarks,	Healthy Child

8 9 7 0 0 0 1 0 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Feb 23/97
4. *Place of Birth, (Street and Number)* No 2228 E Monument St
5. *Full Name of Mother,* Katie Spitznagle
6. *Mother's Maiden Name,* Potterfield
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Spitznagle
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grays

Address, No 1907 E Monument St

Remarks,

897U0010007

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80909

GIVEN NAME ADDED 7-28-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel ~~Startzman~~ Hinton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Ma

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Feb 24th 1897
4. Place of Birth, (Street and Number) 1030 David Hill Ave.
5. Full Name of Mother, Clara Matilda Hinton
6. Mother's Maiden Name, Disston way
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Thomas Hinton
9. Father's Occupation Travelling Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliz. C. Price M.D.

Address, 1012 Madison Ave

Remarks,

18970001008

Wm. J. C. Dulany Co., City Printers and Stationers

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 month Wednesday 24 1897
4. *Place of Birth, (Street and Number)* No 943 Wallace St Baltimore MD
5. *Full Name of Mother,* Mrs Bertha Ewen
6. *Mother's Maiden Name,* Miss Bertha Impey
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Mr Joseph Ewen
9. *Father's Occupation* Foundryman
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Owen Owen Owen

Address, No 953 Lanvale St Baltimore MD

Remarks, Dr

8970001009

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, Feb 25 1897

4. Place of Birth, (Street and Number) No 1212 N. Wolfe Str

5. Full Name of Mother, Emilie Fields

6. Mother's Maiden Name, Meyner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Fields

9. Father's Occupation Motorman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument Ste

Remarks,

1 8 9 7 0 0 0 1 0 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th February 1897
4. *Place of Birth, (Street and Number)* No 1362 Andrew Pl. L. P.
5. *Full Name of Mother,* Lizzie Gerbe
6. *Mother's Maiden Name,* " Daiptli
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Joseph Gabe
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffer

Address, No 208 E Fort Ave

Remarks,

1897000101 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 811913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6th

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Feb. 25th 1897
4. Place of Birth, (Street and Number) 1317 John St
5. Full Name of Mother, Florence Eugenia Coale
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Gilpin Coale
9. Father's Occupation Manager Brass Co.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Cias & Price, M.D.

Address, 1012 Madison Ave

Remarks,

8970001012

Wm. J. C. Dulany Co., City Printers and Stationers

The Commissioner of Health shall cause the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/19/14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 20 1897
4. *Place of Birth, (Street and Number)*	1704 Edmondson ave
	Lilly Towner
5. *Full Name of Mother,*	Lilly Lyon
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Benj. D Towner
8. *Full Name of Father,*	Salesman
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Geo. H Norris M.D
Name of Medical Attendant, or other person who makes this Return,	1501 Pennsylvania
Address,	
Remarks,	

8970001013

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 25 1897 8 P.M.
4. *Place of Birth, (Street and Number)* 154 E Wood Ave
5. *Full Name of Mother,* Laura Brooks
6. *Mother's Maiden Name* Laura Mosey
7. *Mother's Birthplace,* Prince George Co
8. *Full Name of Father,* Royal Brooks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Prince George Co

Name of Medical Attendant, or other person who makes this Return, Mary L Jones

Address, 1809 Lanvale St

Remarks, Healthy child.

8970001014

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb" 25 - 97
4. Place of Birth, (Street and Number) 1345 N Stricker
5. Full Name of Mother, Carrie Dailey
6. Mother's Maiden Name, Carrie Trubb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Dailey
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. H. Norris M.D

Address, 1501 Presstman

Remarks,

18970001015

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3rd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if ~~not of~~ the white race) White
3. Date of Birth, February 26th 1897
4. Place of Birth, (Street and Number) #1826 Division St
5. Full Name of Mother, Annie B Doyle
6. Mother's Maiden Name, Annie B Seibert
7. Mother's Birthplace, Germany
8. Full Name of Father, William F Doyle
9. Father's Occupation Electrician
10. Father's Birthplace, Baltimore City. Md-

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles st

Remarks,

18970001016

on blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on bla
Health. This schedule shall contain a list of the births
births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascer
occupation of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation of the
e practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the prac
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
third day of each and every month to the office of the Commissioner of Health,
fter it shall become the duty of the person or parents of such
shall occur without the attendance of a physician or pra
alth, in the manner and within the period above required, and
attendance upon the mother, immediately thereafter
il to comply with the provisions of this section shall be sub-
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
ge, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 26th 1897
4. *Place of Birth, (Street and Number)* 119 E. Chase Street
5. *Full Name of Mother,* Ella M. Pierman
6. *Mother's Maiden Name,* Ella M. Collins
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm. Theodore Pierman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return: Jane E. Sutfolk M.D.

Address, 519 Virginia Street

Remarks,

18970001017

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 February
4. *Place of Birth, (Street and Number)* Bore St 219
5. *Full Name of Mother,* Jennie Benoathe
6. *Mother's Maiden Name,* Jennie Qualdhall
7. *Mother's Birthplace,* Anna Arundel co
8. *Full Name of Father,* John Benoathe
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 711 W. Cross st.

Remarks,

1897 0001018

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 2nd
4. Place of Birth, (Street and Number) 1945 Frederick Ave
5. Full Name of Mother, Mrs Mary Chickles Dungan
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md "
8. Full Name of Father, Chas. Dungan
9. Father's Occupation Plater
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. S. Lunsford

Address, 112 Cary St

Remarks,

18970001019

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 2 1897
4. *Place of Birth, (Street and Number)* 3722 Hartline
5. *Full Name of Mother,* Jennie Jackson
6. *Mother's Maiden Name,* Jennie I Parker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Karl C Downes

Address, 622 N Broadway

Remarks, 1897 0001020

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on blank register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2th of February 97
4. *Place of Birth, (Street and Number)*	326 Forrest Str
5. *Full Name of Mother,*	Lidia Bauer
6. *Mother's Maiden Name,*	Lidia Hoffmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Bauer
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	216 W. Pratt St
Remarks,	

8970001021

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the father or mother of the child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 2/97
4. *Place of Birth, (Street and Number)* 1322 N Broadway
5. *Full Name of Mother,* Mary D Toland
6. *Mother's Maiden Name,* Batzer
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Wm Toland
9. *Father's Occupation* Saw Manufacturer
10. *Father's Birthplace,* Mass.

Name of Medical Attendant, or other person who makes this Return, H Smith M.D

Address, 1502 N Bond St

Remarks, Full.

+ 8 9 7 U 0 0 1 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...births which have occurred under his or her care during the ...be ascertained the full name of each child, (if any shall have ...occupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...lth, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on the ... Health. This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascer... been conferred; its sex, color, the full name and occupat... said schedule shall be delivered, duly signed by the pract... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 81924

GIVEN NAME ADDED, 10/4/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Agatha Pauline Spoerl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth*, February 3th 1897
4. *Place of Birth*, (Street and Number) Hyette St. 651
5. *Full Name of Mother*, Christina Spoerl
6. *Mother's Maiden Name*, Christina Spoerl
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, William Henry Spoerl
9. *Father's Occupation* Hatter
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Cross st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970001023

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 3 1897
4. *Place of Birth, (Street and Number)* 27 Carlton St.
5. *Full Name of Mother,* Rose Courtney
6. *Mother's Maiden Name,* Rose Courtney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Richard Kershaw
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Ernest Edmunds

Address, 124 N Carrollton Ave

Remarks,

8 9 7 0 0 0 1 0 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 811926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th - 97
4. *Place of Birth, (Street and Number)* 1027 West Cross St
5. *Full Name of Mother,* Mrs Chas W. Barr
6. *Mother's Maiden Name,* Clara Boyd
7. *Mother's Birthplace,* Erie County Pa
8. *Full Name of Father,* Mr Chas W Barr
9. *Father's Occupation* Glass Worker
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross. st.

Remarks,

8 9 7 0 0 0 1 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 7, 1897
4. *Place of Birth, (Street and Number)* 804 Hare St.
5. *Full Name of Mother,* Henrietta Rano
6. *Mother's Maiden Name,* Henrietta Dutt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert Rano
9. *Father's Occupation* Boiler maker
10. *Father's Birthplace,* Cecil Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mary E. Saunders

Address, 1211 E. Eastern Ave.

Remarks,

8 9 7 0 0 0 1 0 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 7th 1897
4. *Place of Birth, (Street and Number)* 1518 Retreat Street
5. *Full Name of Mother,* Margaret Mangan.
6. *Mother's Maiden Name,* Margaret Maguire ~~Cumberland Md~~
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* Peter Mangan
9. *Father's Occupation* confectioner
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Shorer M. D.

Address, 1224 W. North ave.

Remarks,

8970001027

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 8th 1897
4. *Place of Birth, (Street and Number)* Corner Fulton ave. & Evergreen Terrace
5. *Full Name of Mother,* Mary E. Knell
6. *Mother's Maiden Name,* " " Fleitner
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles H. Knell
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. G. Shower, M. D.

Address, 1224 W. North ave.

Remarks,

8970001028

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report is birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 9 1897
4. *Place of Birth, (Street and Number)* 1624 Boulden St.
5. *Full Name of Mother,* Matilda Pulliam
6. *Mother's Maiden Name,* Matilda Summel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Philip Pulliam
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Isaac L Smaus

Address, 822 N. Caroline St.

Remarks,

8970001029

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 80931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 10 1897
4. *Place of Birth, (Street and Number)* 1546 Bruce St.
5. *Full Name of Mother,* Minnie Dobson
6. *Mother's Maiden Name,* Minnie V. Gray
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* William Henry Gray
9. *Father's Occupation* Labor work
10. *Father's Birthplace,* Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return,

Address, 1635 Vineen Alley

Remarks, Dr. A. L. Rollins.

8970001030

Reason why the records shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 81932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedules, to be furnished to him or her by the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 1205 What coat St Feb. 16th 1897
4. *Place of Birth, (Street and Number)* 1205 What coat St.
5. *Full Name of Mother,* Kizzie Gross.
6. *Mother's Maiden Name,* Kizzie Gantz
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* Lewis Henry Gross
9. *Father's Occupation* Laboring Work
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return,

Address, 1635 Vincent alley

Remarks, Sarah Collins.

8 7 7 0 0 0 1 0 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 10 1897
4. *Place of Birth, (Street and Number)* 818 Canton St
5. *Full Name of Mother,* Julia Endrink
6. *Mother's Maiden Name,* Julia Lewis
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Endrink
9. *Father's Occupation* Saw-filer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary E. Lorraine

Address, 934 N. Canton St.

Remarks,

8 9 7 0 0 0 1 0 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) " Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th Feb 1897

4. Place of Birth, (Street and Number) 158 Scott St.

5. Full Name of Mother, Margie A Ford.

6. Mother's Maiden Name, Margie A Riell.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William E. Ford. Jr.

9. Father's Occupation Grocery. Business

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Grand

Remarks,

8970001033

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 811935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb - 3 - 97 -
4. *Place of Birth, (Street and Number)* 1st Girl Hosp -
5. *Full Name of Mother,* Katie Saunders,
6. *Mother's Maiden Name,* Same -
7. *Mother's Birthplace,* md -
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, C. C. Simpson M.D.

Address, md Girl Hosp

Remarks,

8970001034

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 80936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Feb. 9 97
4. *Place of Birth, (Street and Number)* 2nd Gwin Ave.
5. *Full Name of Mother,* Florence Timmons.
6. *Mother's Maiden Name,* Conn.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation* Mason.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. V. Livingston

Address, 2nd Gwin Ave.

Remarks,

8970001035

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 5th 1897
4. *Place of Birth, (Street and Number)* 424 Register St.
5. *Full Name of Mother,* Josephine Wilson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Illegitimate Child
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm. H. Dabney M. D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8970001036

Wm. J. C. Dulany Co., City Printers and Stationers.

Record and transmit to the Registrar a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 80938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb-4-97
4. Place of Birth, (Street and Number) Md Steel Works.
5. Full Name of Mother, Ella Mahody
6. Mother's Maiden Name, Same.
7. Mother's Birthplace, Va
8. Full Name of Father,
9. Father's Occupation — Mulatto
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O. O. Hamilton

Address, Md Steel Works.

Remarks,

8970001037

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 80939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Feb - 14 - 97 -
4. Place of Birth, (Street and Number) Md Gen Hosp -
5. Full Name of Mother, Alice Mason -
6. Mother's Maiden Name, Same -
7. Mother's Birthplace, Md
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, A O Dempsey M.D.

Address, Md Gen Hosp.

Remarks,

1897000 1038

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 80940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th ✕ 6th (Twins)

1. Sex, (state whether male or female) Both Male
2. Race or Color, (if not of the white race) Both.
3. Date of Birth, Jan 18th 97.
4. Place of Birth, (Street and Number) Md Gen'l Hosp.
5. Full Name of Mother, Grace Goodman
6. Mother's Maiden Name, Same
7. Mother's Birthplace, Md
8. Full Name of Father, unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O W Simpson

Address, Md Gen'l Hosp.

Remarks,

1897 0001039

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236.]

RETURN OF A BIRTH. 80941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb 19 97
4. *Place of Birth, (Street and Number)* 1008 Eutaw Hosp
5. *Full Name of Mother,* Sarah Small
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* unknown
9. *Father's Occupation* unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return, A Johnson M.D.

Address, 1008 Eutaw Hosp

Remarks,

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001040

RM 1236.]

RETURN OF A BIRTH. 80942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Feb 20 99 J.
4. *Place of Birth, (Street and Number)* Md Gen. Hosp.
5. *Full Name of Mother,* Sarah Daisy
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. A. Thompson M.D.

Address, Md Gen Hosp.

Remarks,

8970001041

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 11, 1897
4. *Place of Birth, (Street and Number)* 311 Rogers Ave
5. *Full Name of Mother,* Hannie Fishelovich
6. *Mother's Maiden Name,* " Kraus
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Max Fishelovich
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. J. B. Mitnick M.D.

Address, 109 Exeter

Remarks,

8970001042

Every physician, midwife, or other person in attendance upon any birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th February 1897

4. Place of Birth, (Street and Number) #911 Fulton street

5. Full Name of Mother, Lucy May Birchhead

6. Mother's Maiden Name, Wheatley

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm. B. Birchhead

9. Father's Occupation W. H. & E. Offutt and Sons Coopers and Tank Builders

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Fayette Cross st

Remarks,

18970001043

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 11th 1897
4. *Place of Birth, (Street and Number)* 23 N. Pratt St.
5. *Full Name of Mother,* Emma Paar
6. *Mother's Maiden Name,* Emma Leifert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand H Paar
9. *Father's Occupation* Boot & Shoe Manufactor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Eden st.

Remarks,

8970001044

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 80946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 11-1897
4. *Place of Birth, (Street and Number)* 271 Rogers av.
5. *Full Name of Mother,* Ida Globe
6. *Mother's Maiden Name,* Eidelberg
7. *Mother's Birthplace,* Baisk, Curland.
8. *Full Name of Father,* Herman Globe,
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Pyga

Name of Medical Attendant, or other person who makes this Return, H. Glauber

Address, 143 n. Front St

Remarks,

1897 0001045

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

on blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Feb 12
4. *Place of Birth, (Street and Number)* 1900 Ramsay St
5. *Full Name of Mother,* Mrs Katie Myers Holt
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Holt
9. *Father's Occupation* Drug Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, B. D. Williams

Address, 11 N Carey St

Remarks,

1 8 9 7 0 0 0 1 0 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* (Twins) Boys
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12 1897
4. *Place of Birth, (Street and Number)* 1802 Eagle St
5. *Full Name of Mother,* Mrs Katherine Pearson Ankeny
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Augustus Ankeny
9. *Father's Occupation* R R
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. E. Cullenden

Address, 11 N Carey St

Remarks, Twin presentation

Certificate Withheld 1047

Wm. J. C. Dulany Co., City Printers and Stationers.

irth shall hereafter take place, shall keep a true and correct
n blank schedule, to be furnished by the Commissioner of
rths which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~)

1. *Sex*, (state whether male ~~or female~~)
2. *Race or Color*, (~~if not of the~~ white race)
3. *Date of Birth*, Feb 12/97
4. *Place of Birth*, (Street and Number) 1602 Lamont Ave
5. *Full Name of Mother*, Eliz Schneeweis
6. *Mother's Maiden Name*, Lebach
7. *Mother's Birthplace*, Balt Md
8. *Full Name of Father*, John H Schneeweis
9. *Father's Occupation* Electrician
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Chas J Emrich

Address, 1502 N Broadway

Remarks, Boy

1897 0001048

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on the ... have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 13 1897
4. *Place of Birth, (Street and Number)*	720 Hamburg st
5. *Full Name of Mother,*	Nora Lee Richmond
6. *Mother's Maiden Name,*	Nora Lee Bass
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles B. Richmond
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 W Cross st
Remarks,	

1897 0001049

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 feb 1897
4. *Place of Birth, (Street and Number)* Bal 417 Cross st
5. *Full Name of Mother,* Mrs Oden F Mayhew
6. *Mother's Maiden Name,* Addie Crook
7. *Mother's Birthplace,* Prince G Co Md
8. *Full Name of Father,* Oden F Mayhew
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Prince G Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross st

Remarks,

1897 0001050

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th of February 97.
4. *Place of Birth, (Street and Number)* 316 Forest St.
5. *Full Name of Mother,* Martha Garbawski
6. *Mother's Maiden Name,* Martha Schröder
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Carl Garbawski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Keesler midwife

Address, 216 W Pratt St.

Remarks,

8970001051

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 5 1897
4. *Place of Birth, (Street and Number)* 2528 Foster Ave.
5. *Full Name of Mother,* Kate Hirschmann
6. *Mother's Maiden Name,* Kate Clancy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Hirschmann
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Jos. L. Spence M.D.

Address, 2528 Foster Ave.

Remarks,

8970001052

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife, or other person who shall attend upon the birth of any child, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 811954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 Feb 1897
4. *Place of Birth, (Street and Number)* 1100 E Eager St
5. *Full Name of Mother,* Lillian M Scott
6. *Mother's Maiden Name,* Myers
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jefferson Scott
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Chas Hoffman

Address, 711 W Eager St

Remarks, all Right

1897U0001053

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	15th of February
4. *Place of Birth, (Street and Number)*	903 Ryan st Balto. City
5. *Full Name of Mother,*	Mary Theresa Manning
6. *Mother's Maiden Name,*	" " Safford
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	John B Manning
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N Cross
Remarks,	

8970001054

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct. 15 1897

4. *Place of Birth, (Street and Number)* 825 Park St.

5. *Full Name of Mother,* Fannie Holland

6. *Mother's Maiden Name,* Fannie Flora

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John Holland

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return Wm. E. Irvine

Address, 1201 Eastern Ave.

Remarks, 18970001055

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 & Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	16th & February
4. *Place of Birth, (Street and Number)*	Baltimore 1110 St Paca St
5. *Full Name of Mother,*	Mrs Cassie Virginia Haug
6. *Mother's Maiden Name,*	Cassie Virginia Bedad.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Mr. Otto Haug
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Brooklyn New York
Name of Medical Attendant, or other person who makes this Return,	Mrs. Barnes MD
Address,	711 W Cross st
Remarks,	

1897 0001056

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and the attendance upon the mother, immediately thereafter it shall be the duty of the midwife, or other person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Laura Elizabeth Neil
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 17th 1897
4. *Place of Birth, (Street and Number)*	320 Hanson St
5. *Full Name of Mother,*	Laura Elizabeth Neil
6. *Mother's Maiden Name,*	Laura E. Neil
7. *Mother's Birthplace,*	Carroll Co. Md
8. *Full Name of Father,*	Ernest F. Neil
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Susan C. Dolan
Address,	501 E. Clement St.
Remarks,	Given name added Aug 26-1935
	by Laura Elizabeth Neil Edward Buck

8970001057

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 1607 Vincent St Feb 18 1897
4. Place of Birth, (Street and Number) 1607 Vincen St
5. Full Name of Mother, Liza Rollyer
6. Mother's Maiden Name, Liza Gros
7. Mother's Birthplace, baltimo co md
8. Full Name of Father, Mather Rollyer
9. Father's Occupation driver in Stor
10. Father's Birthplace, baltimo co md

Name of Medical Attendant, or other person who makes this Return,

Address, 1635 Vincent St

Remarks, Sarah Rollenir

897 0001058

Wm. J. C. Dulany Co., City Printers and Stationers.

...mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, eighteen of February
4. Place of Birth, (Street and Number) Bare St 720
5. Full Name of Mother, Cathern M. Gill
6. Mother's Maiden Name, Cathern M. Roach
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Thomas F Gill
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 W Cross

Remarks,

8970001059

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 18th 1897.
4. *Place of Birth, (Street and Number)* 2604 Francis St.
5. *Full Name of Mother,* Norma Carr
6. *Mother's Maiden Name,* " Gardner
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Walter Carr
9. *Father's Occupation* Milkman
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. G. Shower, M. D.

Address, 1224 N. North ave.

Remarks,

8 9 7 0 0 0 1 0 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) a 6 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th Feb.
4. *Place of Birth, (Street and Number)* 607 Iron St
5. *Full Name of Mother,* Sophie Buchmeier
6. *Mother's Maiden Name,* Pinder
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo Buchmeier
9. *Father's Occupation* Cigar Box Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. John D. Blake

Address, Mrs Bange. 711 W. Cross st.

Remarks,

8970001061

Wm. J. C. Dulany Co., City Printers and Stationers.

the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of February 95
4. *Place of Birth, (Street and Number)* 2015 Frederick Ave
5. *Full Name of Mother,* Rosa Kimel
6. *Mother's Maiden Name,* Rosa Weiles
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Kimel
9. *Father's Occupation* Musician
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Hessler Michaelis

Address, 2116 W Pratt St

Remarks,

8970001062

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 80964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) ~~or~~ male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, february 19 1897
4. Place of Birth, (Street and Number) 823 ensor st
5. Full Name of Mother, Lizzie Beasley
6. Mother's Maiden Name, L Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, misory Beasley
9. Father's Occupation, Labor
10. Father's Birthplace, verginia

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 823 ensor st

Remarks, confinde

18970001063

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 80965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* feb 19th 1897
4. *Place of Birth, (Street and Number)* 1637 Calhoun st
5. *Full Name of Mother,* Carie Carlton
6. *Mother's Maiden Name,* Carie Baden
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* James Edwart Carlton
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return,

Address, 1635 Vincent st

Remarks, Sarah Rollins

8 9 7 0 0 0 1 0 6 4

Health. This schedule shall contain a list of the births which have occurred in the family or house, or in any other place to which the mother may have resorted during her confinement, since the last return, or since the commencement of the present month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th February
4. *Place of Birth, (Street and Number)* 621 S Fremont Ave
5. *Full Name of Mother,* Frances C Matthias
6. *Mother's Maiden Name,* Frances C Helmcamp
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George C Matthias
9. *Father's Occupation* Stable Manager
10. *Father's Birthplace,* York County Penn.

Name of Medical Attendant, or other person who makes this Return, Nora E Lange

Address, 711 W Cross st

Remarks,

8970001065

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore must enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in attendance upon the mother, immediately thereafter it shall be subscribed to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20/1897
4. Place of Birth, (Street and Number) 1132 Scott St
5. Full Name of Mother, Carrie B Bode
6. Mother's Maiden Name, Carrie B Fischer
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm C Bode
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Lange

Address, 711 W Cross st

Remarks,

897000010 66

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of each District shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

33.]

RETURN OF A BIRTH. 80968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 20th 1897

4. *Place of Birth, (Street and Number)* #2209 Hatteras Court

5. *Full Name of Mother,* Annie Pfeltz

6. *Mother's Maiden Name,* Bonnie Frank

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John H. Pfeltz

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Rev. Mary A. Taylor

Address, #611 S. Patterson Pk. Ave. Balto. Md.

Remarks,

8 9 7 0 0 0 1 0 6 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 February 1897
4. *Place of Birth, (Street and Number)* 1250 William st
5. *Full Name of Mother,* Annie Maggie Vogt
6. *Mother's Maiden Name,* Annie Maggie Herbien
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Ambrose Gerhd Vogt
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E. L Brooks

Address, 1229 Light st

Remarks, Daing Well

8970001068

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20 97

4. Place of Birth, (Street and Number) Baltimore & Saratoga 711

5. Full Name of Mother, Katharine M. Hopson

6. Mother's Maiden Name, Mrs C M Kuns

7. Mother's Birthplace, Swanbridge Pa

8. Full Name of Father, C Marshall Kuns

9. Father's Occupation Student

10. Father's Birthplace, Roanoke Va

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 2 E 10 Bapt Conv Sec

Remarks,

8970001069

Health. This schedule shall contain a list of the Christian name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. 80971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male W White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 20 - 1897
4. *Place of Birth, (Street and Number)* 2125 Hanover St
5. *Full Name of Mother,* Lennie Elizabeth Miller
6. *Mother's Maiden Name,* Lennie Elizabeth Watson
7. *Mother's Birthplace,* Bradford Lingland
8. *Full Name of Father,* John Vivian Miller
9. *Father's Occupation* Conductor B & O R R
10. *Father's Birthplace,* Middleton Md

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 628 Light St

Remarks, Dr Z R Mill

1897 00 01070

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 1/2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of February 92
4. *Place of Birth, (Street and Number)*	12 Bruning Lane
5. *Full Name of Mother,*	Lice Dittman
6. *Mother's Maiden Name,*	Lice Bau Balle
7. *Mother's Birthplace,*	Carla Dittman
8. *Full Name of Father,*	Bilsbeck
9. *Father's Occupation*	Germany
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 W Pratt St
Remarks,	

8970001071

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on the records of his office. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

235.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 20th 1897
4. *Place of Birth, (Street and Number)* 4504 Conway St. Balto.
5. *Full Name of Mother,* Margaretha Miller
6. *Mother's Maiden Name,* Margaretha Friedemann
7. *Mother's Birthplace,* Bettmaros
8. *Full Name of Father,* Conrad Miller
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Taylor

Address, 4011 S. Patterson Ave. Balto Md

Remarks,

8 9 7 0 0 0 1 0 7 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 22 1894
4. *Place of Birth, (Street and Number)* 922 Fredric ave
5. *Full Name of Mother,* Alice roth Goode
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* John roth
8. *Full Name of Father,* painter
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Roth Goode

Address, carver St near Green Lane

Remarks,

8 4 7 0 0 0 1 0 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore City, and shall enter the same on blank schedule, to be furnished ... his or her care during the register of such birth, and shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 80995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th

1. Sex, (state whether male or female) Female & Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st of February
4. Place of Birth, (Street and Number) No. 248 N. Wilkens Ave
5. Full Name of Mother, Rosalie Freeman
6. Mother's Maiden Name, Rosalie Mahn
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John P. Freeman
9. Father's Occupation Police
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Geo Hunter

Address, 2 E 40th Eutaw Pl

Remarks,

8970001074

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule must be filled up as to the facts which have occurred since the last day of the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 80976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W Mulatto
3. Date of Birth, 21 February 1897
4. Place of Birth, (Street and Number) E E Hart Ave
5. Full Name of Mother, Julia E Clark
6. Mother's Maiden Name, Julia Parks
7. Mother's Birthplace, Massachusetts
8. Full Name of Father, Warner Clark
9. Father's Occupation Glass Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, Doing Well

8970001075

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 21-97
4. *Place of Birth, (Street and Number)* 718 Portland st City
5. *Full Name of Mother,* Barbara Weller
6. *Mother's Maiden Name,* Barbara Boone
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John William Weller
9. *Father's Occupation* Lacquer-Gilder
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Cross st

Remarks,

Health. This schedule shall contain a list of the names which have been selected since the last report of the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970001076

Wm. J. C. Dulany Co., City Printers and Stationers.

35.]

RETURN OF A BIRTH. 80978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb. 22th 1897.
4. *Place of Birth, (Street and Number)* # 704 E. Castle Ste. Balto.
5. *Full Name of Mother,* Katie Miller.
6. *Mother's Maiden Name,* Katie Minnick
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Miller.
9. *Father's Occupation* Labour.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Taylor

Address, 1011 E. Baltimore St. Ac. Balto.

Remarks,

8 9 7 0 0 0 1 0 7 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

months, and shall set forth as fully as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	22nd February 97
4. *Place of Birth, (Street and Number)*	423 Madison St
5. *Full Name of Mother,*	Mary Theo Joseph Byrnes
6. *Mother's Maiden Name,*	Mary E Rocke
7. *Mother's Birthplace,*	Co Kilkenny Ireland
8. *Full Name of Father,*	Jas Joseph Byrnes
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	Co Wicklow Ireland
Name of Medical Attendant, or other person who makes this Return,	Dr Cook, Charles St E Brant med'cine
Address,	
Remarks,	very Hard all right

8970001078

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 80980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 February 1897
4. *Place of Birth, (Street and Number)* 43 E Heath st
5. *Full Name of Mother,* Lizzie Naughman
6. *Mother's Maiden Name,* Lizzie Summyers
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Charles Naughman
9. *Father's Occupation* Bakeman B & O R R
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E A Bregakes

Address, 1823 Light St

Remarks, Dang N L

8970001079

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 23

4. *Place of Birth, (Street and Number)* 308 S Gleanor

5. *Full Name of Mother,* Mrs Mamie Lewis Riley

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Ernest Riley

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. E. S. Lehman

Address, 11 N Carey St

Remarks,

8970001080

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Births. The Sole Object of the Registration of Births is to obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22
4. Place of Birth, (Street and Number) 2009 Hollins
5. Full Name of Mother, Mrs Annie Ryan Hobbs
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Jos C Hobbs
9. Father's Occupation Builder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Wilmarth

Address, 11 N Carey St

Remarks,

8970001081

Register of such birth, and shall enter the same on blanks which may be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 day of Febr.
4. *Place of Birth, (Street and Number)* 1022 W. Baltimore Ste.
5. *Full Name of Mother,* Minnie Hurelbrink
6. *Mother's Maiden Name,* Minnie Grebner
7. *Mother's Birthplace,* Oberfranken Baiern Germany.
8. *Full Name of Father,* William Hurelbrink
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Osnabruck German.

Name of Medical Attendant, or other person who makes this Return, Msh. Bange.

Address, 711 W. Cross St.

Remarks,

8970001082

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 23rd 1897
4. *Place of Birth, (Street and Number)* 817 N. William St
5. *Full Name of Mother,* Nellie Hanson
6. *Mother's Maiden Name,* " Henderson
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Jno. Middleton Hanson
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return, H. J. Cornuck, MD

Address, 1204 Madison Ave

Remarks,

8 9 7 0 0 0 1 0 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fift

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Feb 23 1897
4. Place of Birth, (Street and Number) 921 Forest st
5. Full Name of Mother, Sarah E Franklin
6. Mother's Maiden Name, Sarah E Turner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George E Franklin
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Clara Brant

Address, 929 Forrest st

Remarks, Every thing all right

8970001084

Wm. J. C. Dulany Co., City Printers and Stationers.

12 56.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 24. 1897
4. *Place of Birth, (Street and Number)* Rear St Waverly
5. *Full Name of Mother,* Alice Burroughs
6. *Mother's Maiden Name,* Alice Leonard
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Burroughs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, # 8 Talbot St Waverly Balto City

Remarks, Well

8970001085

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child.
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 24th 1897
4. *Place of Birth, (Street and Number)*	#223 S. Pulaski, St
5. *Full Name of Mother,*	Miss. Matilda Bremsteller
6. *Mother's Maiden Name,*	Mrs. " Kohr
7. *Mother's Birthplace,*	Bayern Germany.
8. *Full Name of Father,*	Herman Bremsteller
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Bayern. Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 N. Henry, St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970001086

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 W Murray 1897
4. *Place of Birth, (Street and Number)*	1908 Hanover st
5. *Full Name of Mother,*	Zalia Coon
6. *Mother's Maiden Name,*	Zalia Hoover
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	George Coon
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	E A Brooks
Address,	828 Light St
Remarks,	Drainage Well

8970001087

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 80989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 February 1897
4. *Place of Birth, (Street and Number)* 1940 Hanover St
5. *Full Name of Mother,* Leania Blotenburger
6. *Mother's Maiden Name,* Leania Hoover
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Francis White Blotenburger
9. *Father's Occupation* Excavation
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 828 Light St

Remarks, Dom Well

18970001088

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W Bate
3. *Date of Birth,* 2 W February 894
4. *Place of Birth, (Street and Number)* 406 Clement st
5. *Full Name of Mother,* Emily American Snowden
6. *Mother's Maiden Name,* Emily American Gosnell
7. *Mother's Birthplace,* Allerton Howard Co
8. *Full Name of Father,* Vincin Franklin Snowden
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Woods Mills Balto Co

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 1828 Light st

Remarks, Dom Well

8970001089

Wm. J. C. Dulany Co,. City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child ~~Charles~~ August Heiser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Chil

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 1897
4. Place of Birth, (Street and Number) 625 Rose St
5. Full Name of Mother, Lillie Heiser
6. Mother's Maiden Name, Lillie Betz
7. Mother's Birthplace, Balto
8. Full Name of Father, Conrad Heiser
9. Father's Occupation Grocer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Mary L. Stevens

Address, 824 N. Carlton St.

Remarks,

8 9 7 0 0 0 1 0 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 80992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 24th 1897
4. *Place of Birth, (Street and Number)*	#1927 Lemon St.
5. *Full Name of Mother,*	Miss Annie Bopp.
6. *Mother's Maiden Name,*	Mrs " Shurilger
7. *Mother's Birthplace,*	Hessen, Gemany
8. *Full Name of Father,*	John Bopp
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Hessen. Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 Mc Henry, St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8470001091

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 80993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 February 1897
4. *Place of Birth, (Street and Number)* 2028 N Charles St
5. *Full Name of Mother,* Lizzie Darlin
6. *Mother's Maiden Name,* Lizzie Effort
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Darlin
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 828 Light St

Remarks, Dairy Milk

8 9 7 0 0 0 1 0 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 80994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Bessie Virginia Fresh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th ½.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 25th 1897
4. *Place of Birth, (Street and Number)*	2033 Pennsylvania Ave.
5. *Full Name of Mother,*	Ida Fresh
6. *Mother's Maiden Name,*	" Clouse
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	Philip Fresh
9. *Father's Occupation*	Clerk, Cochran, Oler Ice Co.
10. *Father's Birthplace,*	Baltimore Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. G. Shower M.D.
Address,	1224 W. North ave
Remarks,	

8 9 7 0 0 0 1 0 9 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* Feb 26/07
4. *Place of Birth, (Street and Number)* No 1020 Granby Str
5. *Full Name of Mother,* Eliza Roesler
6. *Mother's Maiden Name,* Twist
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Roesler
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Detroit Mi

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E Monument Str

Remarks,

8970001094

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 80996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Grover W. Morris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday Feb. the 26. 1897
4. Place of Birth, (Street and Number) 511 Warner St. Balto md.
5. Full Name of Mother, Sarah Jane Morris.
6. Mother's Maiden Name, Grover.
7. Mother's Birthplace, Friendship. A. A. County Md.
8. Full Name of Father, William Thomas Morris.
9. Father's Occupation Carpenter
10. Father's Birthplace, Johnsville Calvert County. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross st.

Remarks,

8970001095

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John W Bramble,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Feb 26 / 97
4. Place of Birth, (Street and Number) No 25 S Washington St
5. Full Name of Mother, Maggie Bramble
6. Mother's Maiden Name, Schirmer
7. Mother's Birthplace, Germany
8. Full Name of Father, John G Bramble
9. Father's Occupation Carpenter and Builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument St

Remarks,

8970001096

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 27 1897
4. *Place of Birth, (Street and Number)* 316 Dillon St.
5. *Full Name of Mother,* Lilly Small
6. *Mother's Maiden Name,* Lilly Davis
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Small
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Grant E. Swanee

Address, 924 S. Carlton St.

Remarks,

8 9 7 0 0 0 1 0 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 80999

GIVEN NAME ADDED 4-21-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME ANNA EDELSTEIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 27. 1897.

4. Place of Birth, (Street and Number) 1000 Hanover St.

5. Full Name of Mother, Ettie Edelstein

6. Mother's Maiden Name, Ettie Sacks

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Edelstein

9. Father's Occupation Merchant Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Barre St.

Remarks,

8970001098

...shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 27 1897
4. Place of Birth, (Street and Number) 1220 N Central Ave.
5. Full Name of Mother, Ida Roach
6. Mother's Maiden Name, Ida Sober
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Tytone Roach
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Albert S. Robinson MD

Address, 1037 N Caroline St

Remarks, P.P.H. Partum Hemorrhage due to Intramural fibroid Tumor removed after Placenta

8970001099

Wm J C. Dulany Co., City Printers and Stationers.

The Registrar shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th of February 94.
4. *Place of Birth, (Street and Number)* 45 Wilkens Str
5. *Full Name of Mother,* Elise Grünbrecht
6. *Mother's Maiden Name,* Elise Höther
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst Grünbrecht
9. *Father's Occupation* Wilkens Saktari Baas
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keesler Midwife

Address, 2116 W. Pratt Str

Remarks,

8970001100

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 28th 1897
4. *Place of Birth, (Street and Number)* 182 S. Fulton Terrace
5. *Full Name of Mother,* Annie Robertson
6. *Mother's Maiden Name,* Annie Williams
7. *Mother's Birthplace,* Sanders Co. Va.
8. *Full Name of Father,* Phillip Robertson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Sanders Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mary Hosey

Address, 1809 Lemmon St

Remarks, Stung by Scorpion

8970001101

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-29-57

RETURN OF A BIRTH. 810113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Casper ~~Handwerger~~ Handwerger 3rd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 28th 97.
4. *Place of Birth, (Street and Number)* 721 W. Fayette St.
5. *Full Name of Mother,* Freddie Handwerger
6. *Mother's Maiden Name,* Freddie Casper
7. *Mother's Birthplace,* New York, N.Y.
8. *Full Name of Father,* Max Handwerger
9. *Father's Occupation* Shoe merchant
10. *Father's Birthplace,* Nashville, Tenn.

Name of Medical Attendant, or other person who makes this Return, Henry C. Okle. M.D.

Address, 1703 W. Fayette St.

Remarks,

8470001102

Wm. J. C. Dulany Co., City Printers and Stationers

...shall be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 28

4. *Place of Birth, (Street and Number)* 1339 N Eden

5. *Full Name of Mother,* Belle Ritt

6. *Mother's Maiden Name,* Belle Cleveland

7. *Mother's Birthplace,* New Jersey

8. *Full Name of Father,* Wm. J. Ritt

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* New Orleans La

Name of Medical Attendant, or other person who makes this Return, Dr. Williams 121 N. Broad Street

Address,

Remarks,

8470001103

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of He any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. 81005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 28 1897
4. *Place of Birth, (Street and Number)* Slingluff Ave Near Walbrook Ave.
5. *Full Name of Mother,* Ella Pucht.
6. *Mother's Maiden Name,* Ella Rogers.
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Chas J Pucht.
9. *Father's Occupation,* Coffee Roaster
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. C G Keefer M.D.

Address, 1329 N. Gilmor St

Remarks,

8 9 7 0 0 0 1 1 0 4

month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

M 1236.]

register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 28, 1897.
4. *Place of Birth, (Street and Number)* 321 Roland ave.
5. *Full Name of Mother,* Mary Emma Streaker.
6. *Mother's Maiden Name,* Donaldson.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John W. Streaker.
9. *Father's Occupation* Cotton Mill operative.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970001105

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 28th 97
4. Place of Birth, (Street and Number) Richmond & Balto Co
5. Full Name of Mother, Alice Manchester
6. Mother's Maiden Name, Alice Brown
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Stanley Manchester
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return G. H. Commandeter

Address, 1034 Leadenhall St

Remarks,

8970001106

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 8/5/69

RM 1236.]

RETURN OF A BIRTH. 81108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARIE DiPIETRO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	White Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 28th
4. *Place of Birth, (Street and Number)*	332 ~~W~~ South Bond Street
5. *Full Name of Mother,*	Katherine Dippel Keller
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Henry Dippel
8. *Full Name of Father,*	Undertaker
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mrs H Krop, Midwife
Name of Medical Attendant, or other person who makes this Return,	1922 E Fayette Street
Address,	
Remarks,	8970001107

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb: 28th 1897
4. *Place of Birth, (Street and Number)* #1505 E. Jefferson St.
5. *Full Name of Mother,* Mary Thomas
6. *Mother's Maiden Name,* Cooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. W. Thomas
9. *Father's Occupation* Miner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Meyer Dabney M.D.

Address, John Hopkins Hospital, Baltimore, Md

Remarks,

1897 0001108

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25th February 1892.

4. *Place of Birth, (Street and Number)* 2124 Fairmont Ave

5. *Full Name of Mother,* Margaret (Margaritha) (Gneiser) Snyder

6. *Mother's Maiden Name,* Margaritha Erbeck

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Adam (Gneiser) Snyder

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hilt

Address, 202 N. Castle St

Remarks, Name of child: Edwin A Snyder

8 9 7 U 0 0 1 1 0 9

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8 10 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 28 1897
4. *Place of Birth, (Street and Number)* 1018 McCulloh St
5. *Full Name of Mother,* Helena Goldsborough
6. *Mother's Maiden Name,* Helena McManus
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Henry P. Goldsborough
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Kent County Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Brewer M.D.

Address, 1106 McCulloh street

Remarks,

8 9 7 0 0 0 1 1 1 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH 81012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Feby. 28th. 1897.

4. *Place of Birth, (Street and Number)* 2894 Lanvale St.

5. *Full Name of Mother,* Annie Catherine Boylan

6. *Mother's Maiden Name,* Annie Cath. McCormick

7. *Mother's Birthplace,* Balto; Md.

8. *Full Name of Father,* Francis Marion Boylan

9. *Father's Occupation,* Bicycle Machinist

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. J. A. Zepp M.D.

Address, Baltimore City

Remarks, Full name of child - Francis Lurty Boylan

8970001111

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 8/1/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 28th

4. Place of Birth, (Street and Number) 523 W 28th

5. Full Name of Mother, Addie Credit Waller

6. Mother's Maiden Name, Addie Credit

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Garnet R. Waller

9. Father's Occupation, Preacher

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, D. O. Credit

Address, 420 N. Pine St

Remarks, 8970001112

Wm J C. Dulany Co., City Printers and Stationers.

...register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/1115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 28th 1897
4. *Place of Birth, (Street and Number)* 202 S. Washington st
5. *Full Name of Mother,* Caroline Shack
6. *Mother's Maiden Name,* Caroline Stanger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August F Shack
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Disinhofer

Address, 214 and Washington st

Remarks, Wife — Wife

8 7 U 0 0 1 1 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th Feb 1897
4. *Place of Birth, (Street and Number)* Baltimore Md 1712 Hollins St
5. *Full Name of Mother,* Margaret Kerr
6. *Mother's Maiden Name,* Forsth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Kerr
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr Mary Fleming

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

8970001114

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth Rhodes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 28th, 1897
4. *Place of Birth, (Street and Number)*	879 Greenwood Ave
5. *Full Name of Mother,*	Lura V. Rhodes
6. *Mother's Maiden Name,*	" " Allen
7. *Mother's Birthplace,*	Fluvana. Va.
8. *Full Name of Father,*	Walker G. Rhodes
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Albemarle. Va
Name of Medical Attendant, or other person who makes this Return.	Mary Tibbs
Address,	719 Burrow St.
Remarks,	None.

8970001115

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8/11/18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	February 28th 1897
4. Place of Birth (Street and Number),	#10 Hoffman Street, West
5. Full Name of Mother,	Florence Helen Zimmerman
6. Mother's Maiden Name,	Florence Helen Powell
7. Mother's Birthplace,	Washington D. C.
8. Full Name of Father,	Georg Zimmerman
9. Father's Occupation,	Canvasser
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	Magdalena Warner, M.D.
Address,	911 Hoffman Street, West
Remarks,	

8970001116

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 81019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 28th 1897
4. *Place of Birth, (Street and Number)* 1012 Park Ave
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Ollie M. Truxon
7. *Mother's Birthplace,* Denton, Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

8970001117

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 2d 1897
4. *Place of Birth, (Street and Number)* 121 Pearl St.
5. *Full Name of Mother,* Mrs Mamie Hetzel
6. *Mother's Maiden Name,* ———
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* ———
9. *Father's Occupation* ———
10. *Father's Birthplace,* ———

Name of Medical Attendant, or other person who makes this Return, John F. Connor M.D.

Address, Maternité 115 E. Lombard St.

Remarks, ———

8970001118

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 3 / 27
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asylum
5. *Full Name of Mother,*	Edlen Schaefer
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	S. C.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	A. C. Davis M. D
Address,	708 N. Calvert St
Remarks,	

8 9 7 0 0 0 1 1 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/1122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Sept. 3rd 99
4. *Place of Birth, (Street and Number)*	115 W. Lemmon
5. *Full Name of Mother,*	Mary Hodges
6. *Mother's Maiden Name,*	Md.
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	—
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	
Remarks,	

8970001120

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* Sept. 5th '97

4. *Place of Birth, (Street and Number)* 115 W. Fontaine St.

5. *Full Name of Mother,* Viola Jacobs

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Baltimore

Remarks,

8970001121

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept. 6th 47

4. Place of Birth, (Street and Number) 115 W Eutaw St

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. Christian

Address, J. Mahrenholtz

Remarks,

8970001122

Every Physician, Midwife, or other person who shall attend upon any birth which shall occur in the City of Baltimore, shall, within ten days after the occurrence thereof, make a return thereof to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 7th 97
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Nora Sommerad
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Del.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, 1 W. Mulberry St

Remarks,

8970001123

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 7th 97
4. *Place of Birth, (Street and Number)*	115 W. Fontaine St.
5. *Full Name of Mother,*	Nannie Wheeler
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return	J. C. Austin Midwife
Address,	
Remarks,	

8970001124

Baltimore under whose supervision the birth occurred. Such person shall make return of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 7th 97
4. *Place of Birth, (Street and Number)* 115 W Fayette St.
5. *Full Name of Mother,* Elizabeth Queen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. Clinton

Address, Maternité

Remarks,

8970001125

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 12th 97
4. Place of Birth, (Street and Number) 115 W. Fountain St
5. Full Name of Mother, Bertha Williams
6. Mother's Maiden Name,
7. Mother's Birthplace, Switzerland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Austin Matron

Address,

Remarks,

8970001126

Sec. 3. Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 12. 1897
4. *Place of Birth, (Street and Number)* St. Vincents Inf. Asylum
5. *Full Name of Mother,* Lousie Dale
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. L. Resin M. D.

Address, 108 N. Eutaw St

Remarks,

8970001127

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 13th '97
4. *Place of Birth, (Street and Number)* 115 W. Fairmount St.
5. *Full Name of Mother,* Sarah Lyons
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Baltimore

Remarks,

8970001128

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb. 13th 97
4. *Place of Birth, (Street and Number)* 115 W. Fountain St.
5. *Full Name of Mother,* Mary Plowden
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. Clinton

Address, Maternity

Remarks,

8970001129

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This Schedule shall contain a list of the births which have occurred in each house, to be furnished by the Commissioner of month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14th - 97
4. Place of Birth, (Street and Number) 115 W. Somerset Alley
5. Full Name of Mother, Minnie Taylor
6. Mother's Maiden Name, —
7. Mother's Birthplace, Va.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Maternity

Remarks,

8970001130

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 15th 97
4. *Place of Birth, (Street and Number)*	115 W. Saratoga St.
5. *Full Name of Mother,*	Fanny Gordon
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin
Address,	Maternity
Remarks,	

8970001131

register of such birth, and shall enter the same on such schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 17 · 1877
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Maggie Jones
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	A Keene M. D.
Address,	1504 Druid Hill Ave.
Remarks,	

8970001132

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 20th '97
4. Place of Birth, (Street and Number) 720 Liberty Alley
5. Full Name of Mother, Mrs Annie Calvert
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor M.D.

Address, Maternite 15 N. Lombard St

Remarks,

1897000133

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 24th 97
4. *Place of Birth, (Street and Number)* 115 W. Eutaw St.
5. *Full Name of Mother,* Carrie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Maternity

Remarks,

8970001134

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Am - Indian
3. *Date of Birth,* Feb 26th 97.
4. *Place of Birth, (Street and Number)* 313 Hargrove Alley
5. *Full Name of Mother,* Mrs Herbert Elinz.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ger
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor

Address, Maternité 115 W. Lombard St

Remarks,

8970001135

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

GIVEN NAME ADDED 5-12-59

RETURN OF A BIRTH. 81038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Rebecca ~~Jane~~ Skelton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, Feb 17 - 1897
4. *Place of Birth*, (Street and Number) 28 Patkin St
5. *Full Name of Mother*, Kate Skelton
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*, Thomas Skelton
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, Edwin K. Ballard M.D.

Address,

Remarks,

8970001136

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb 1st 1897
4. *Place of Birth, (Street and Number)* 615 Chapel St
5. *Full Name of Mother,* Mamie Nichols
6. *Mother's Maiden Name,* Cornish
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Nichols
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Wm McDaniel M D

Address, Johns Hopkins Hospital, Baltimore Md

Remarks,

8970001137

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 811140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 1st. 97. 12.
4. *Place of Birth, (Street and Number)*	Baltimore city 2922 Elliott
5. *Full Name of Mother,*	Margret O'Neill.
6. *Mother's Maiden Name,*	Margret Gibbons.
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	John Jno O'Neill.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore city.
Name of Medical Attendant, or other person who makes this Return,	Mrs F. Liersemann.
Address,	2922 Elliott St.
Remarks,	

8970001138

Wm. J. C. Dulany Co., City Printers and Stationers.

whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1335.]

RETURN OF A BIRTH. 81041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 14th. 1897.
4. *Place of Birth, (Street and Number)*	370 East St.
5. *Full Name of Mother,*	Amelia Dunlop
6. *Mother's Maiden Name,*	Amelia Helzer
7. *Mother's Birthplace,*	Bremen. Germany
8. *Full Name of Father,*	James Dunlop
9. *Father's Occupation*	Hat-maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	Cor. Dolphin & Greenmount Ave.
Remarks,	

8970001139

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED - 5/31/67

RETURN OF A BIRTH. 81842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HELEN MARIE ~~DEE~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1 '67
4. *Place of Birth, (Street and Number)* 218 Ferris St
5. *Full Name of Mother,* Catherine Lee
6. *Mother's Maiden Name,* Catherine Barrett
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Duncan Dee
9. *Father's Occupation* Bakesman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Jas S Kelly

Address, 1922 Wilkins Ave

Remarks,

8970001140

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* American, White
3. *Date of Birth,* Feb 1st 1897
4. *Place of Birth, (Street and Number)* 702 N Gilmor St Balt Md
5. *Full Name of Mother,* Marella H Yingling
6. *Mother's Maiden Name,* Marella H Thompson
7. *Mother's Birthplace,* Cardle Co Maryland
8. *Full Name of Father,* Clinton Kemp Yingling
9. *Father's Occupation,* Insurance
10. *Father's Birthplace,* Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return. Richd H Thompson M.D.

Address, 702 N Gilmor St Balt Md

Remarks, 8970001141

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 81044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This Return must be made within ten days after the birth, and if the child be born dead, the fact must be stated. The Return must be signed by the attending physician or midwife, if there was one in attendance, but if not, then by the father or mother of the child, or the householder, or owner of the premises where the birth occurred, or the manager or superintendent of the institution where the birth occurred, or the undertaker who first has the body under his charge. Any person who shall refuse or neglect to furnish the information required by this schedule, or to make the Return within the time specified, shall be liable to a penalty of ten dollars.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Feb 2nd 1897
4. *Place of Birth (Street and Number),* 502 Moore Street
5. *Full Name of Mother,* Martha Brown
6. *Mother's Maiden Name,* Martha Elliott
7. *Mother's Birthplace,* West River Md.
8. *Full Name of Father,* John Wesley Browne
9. *Father's Occupation,* Day-laborer
10. *Father's Birthplace,* West River, Md

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner M.D.

Address, 401 N. Spruce Street, West

Remarks,

18970001142

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 81046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if ~~out of the~~ white race)* W. Sole
3. *Date of Birth,* February 3rd 1897
4. *Place of Birth, (Street and Number)* 1712 Eastern Ave
5. *Full Name of Mother,* Mary Brenzer
6. *Mother's Maiden Name,* Mary Hopkins
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Fred Brenzer
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return,

Address, Dr. Katherine Dieterhofer 241 St Washington Blvd

Remarks, Mid-Wife

E 97 U 0 0 1 1 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ~~th~~

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 3d 1897
4. Place of Birth, (Street and Number) 249 Chestnut St
5. Full Name of Mother, Mrs Florence Davis
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mr Davis
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, John F O'Connor M.D.

Address, Maternite 115 W. Lombard St

Remarks,

18970001144

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupa... of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the pr... er in the form of a certificate between the first and third day of each and every month to the office of ... ssioner of Health. In case the birth of any child shall occur without the attendance of a physician or ... oner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter ... shall become the duty of the person or parents of such child to report its birth to the Commissioner of H..., in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 3rd 1897
4. *Place of Birth, (Street and Number)* 301 N. Broadway
5. *Full Name of Mother,* Maggie Schram
6. *Mother's Maiden Name,* " Meehan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry H. Schram
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney M.D.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

1897000145

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th 1897
4. *Place of Birth, (Street and Number)* 1123 E. Lexington St
5. *Full Name of Mother,* Mrs Mollie Berefeldt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mr — Berefeldt
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return John F. O'Connor M.D.

Address, Maternité 115 W. Lombard St.

Remarks,

8970001146

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1336.]

RETURN OF A BIRTH. 81050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, February 4th
4. Place of Birth, (Street and Number) 1361 Stockton St.
5. Full Name of Mother, Marguette Sturges
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Columbia S.C.
8. Full Name of Father, Charles Perry
9. Father's Occupation Not known
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Dr. Baum M.D.

Address, 1209 Eastman St.

Remarks,

8 9 7 0 0 0 1 1 4 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Commissioner of Health shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236]

RETURN OF A BIRTH. 8105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Emma Augusta ~~Lawrence~~ Lawrence.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4th
4. Place of Birth, (Street and Number) 2700 Eutaw st.
5. Full Name of Mother, Minnie Lawrence
6. Mother's Maiden Name, Minnie Luther
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Lawrence
9. Father's Occupation Saloon.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. P. Liersemann.

Address, 2922 Elliott St.

Remarks,

8970001148

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 4th 1897
4. Place of Birth, (Street and Number) 728 N. Chester St.
5. Full Name of Mother, Marian Barker
6. Mother's Maiden Name, Henderson
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Frederick Barker
9. Father's Occupation Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mc Mc Dabney, M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8970001149

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4th
4. *Place of Birth, (Street and Number)* 417 N Castle Street
5. *Full Name of Mother,* Maggie Neuhouser
6. *Mother's Maiden Name,* Haennel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Neuhouser
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Brown Midwife

Address, 1922 E Fayette Street

Remarks,

8 9 7 U 0 0 1 1 5 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Births which have occurred under his or her care during the month, the Commissioner of Health shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 81054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martha A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4 1867.
4. Place of Birth, (Street and Number) No. 1644 Pattersen Park ave.
5. Full Name of Mother, Frederica Riedel
6. Mother's Maiden Name, Frederica Scharpe
7. Mother's Birthplace, Denmark.
8. Full Name of Father, L Herman Riedel
9. Father's Occupation Painter
10. Father's Birthplace, Saxony.

Name of Medical Attendant, or other person who makes this Return, Jno. R. Edwell M.D.

Address, 1741 Hartford Ave

Remarks,

8970001151

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number) 4 Febuary (306 Hartford ave)
5. Full Name of Mother, Keate Muller
6. Mother's Maiden Name, Winber
7. Mother's Birthplace, Balt.
8. Full Name of Father, Lorenz Muller
9. Father's Occupation Schoemacher
10. Father's Birthplace, Germ
- Name of Medical Attendant, or other person who makes this Return, Anna Walter
- Address, 928 W. Cat Av.
- Remarks,

8970001152

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have been ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 4th 97.
4. *Place of Birth, (Street and Number)* 203 S. Stricker St.
5. *Full Name of Mother,* Estelle Liddell
6. *Mother's Maiden Name,* Estelle Sjams
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Wm. F. Liddell
9. *Father's Occupation* Shipmaker
10. *Father's Birthplace,* Baltimore - Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Pille. M.D.

Address,

Remarks,

8970001153

Wm. J. C. Dulany Co., City Printers and Stationers.

...ths which have occurred under his or her care during the ...n be ascertained the full name of each child, (if any shall have ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 81057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4 1897
4. *Place of Birth, (Street and Number)* In 1824 Hanford ave
5. *Full Name of Mother,* Katie Deber
6. *Mother's Maiden Name,* Katie Gillen
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Michael Deber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Burge A. Blasell M.D.

Address, 1941 Harford ave

Remarks,

8970001154

Wm. J. C. Dulany Co., City Printers and Stationers.

...This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 81058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 4 - 97
4. *Place of Birth, (Street and Number)* 1910 Olney Av
5. *Full Name of Mother,* Henrietta Griffin
6. *Mother's Maiden Name,* " Ruland
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John F. Griffin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

18970001155

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 February
4. Place of Birth, (Street and Number) 925 Sterling st
5. Full Name of Mother, Barbara Schober
6. Mother's Maiden Name, Michal
7. Mother's Birthplace, Germ.
8. Full Name of Father, Peter Schober
9. Father's Occupation carpenter
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks,

8970001156

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 5th 1897
4. Place of Birth, (Street and Number) 1605 Gruber Place
5. Full Name of Mother, Katie Devine
6. Mother's Maiden Name, Katie Noel
7. Mother's Birthplace, Richmond
8. Full Name of Father, William E. Devine
9. Father's Occupation Janitor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Katherine Eisenhofer 241 S. Washington st.

Remarks, Mid-Wife

1897 U 0001157

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 5/97
4. *Place of Birth, (Street and Number)*	#2816 Aisquith Ave
5. *Full Name of Mother,*	Lizzie Mayer
6. *Mother's Maiden Name,*	" Forsythe
7. *Mother's Birthplace,*	Scotland
8. *Full Name of Father,*	Geo. R. Mayer
9. *Father's Occupation*	Brakeman on R.R.
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return,	Wm. H. Feldmeier
Address,	#102 Chestnut Ave
Remarks,	

8970001158

Wm. J. C. Dulany Co., City Printers and Stationers.

...ed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 81162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Feb - 6 - 1900.
4. Place of Birth, (Street and Number) 1202 Foster St
5. Full Name of Mother, Anna Jones
6. Mother's Maiden Name, Anna Cole
7. Mother's Birthplace, Va
8. Full Name of Father, Wm Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, C. W. Simpson M.D.

Address, 1111 Druid Hill Ave.

Remarks,

1 8 9 7 0 0 0 1 1 5 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

...which have occurred under his or her care during the ...the Commissioner of ...births which have occurred under his or her care during the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6th 1897
4. *Place of Birth, (Street and Number)* 374 Forrest St
5. *Full Name of Mother,* Mrs Sarah Geldber
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mr Geldber
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, John F. Connor MD

Address, Maternite 15 W. Lombard St.

Remarks,

8970001160

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ... and occupation of its parents, the date and place of birth; and the ... by the practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... sician or practioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... ter fail to comply with the provisions of this section shall be sub- ... offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 6th 1897
4. *Place of Birth, (Street and Number)* 511 North Bradford
5. *Full Name of Mother,* Josephine Brandt
6. *Mother's Maiden Name,* Josephine Deckelman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad J. Brandt
9. *Father's Occupation* Cabinet-Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Disenhofer 241 Washington Ave

Address,

Remarks, Mid-Wife

8 9 7 U 0 0 0 1 1 6 1

births which have occurred under his or her care during the
n be ascertained the full name of each child, (if any shall have
l occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
an or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
ce, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 6 1897
4. Place of Birth, (Street and Number) 1208 Shields Alley.
5. Full Name of Mother, Mrs Rosy Bowyer
6. Mother's Maiden Name, Maryland
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mr — Bowyer
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, John H. Connor M.D

Address, Maternité 115 N. Lombard St.

Remarks,

1897 0001162

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 of Flury (97
4. *Place of Birth, (Street and Number)* 926 Hollins st.
5. *Full Name of Mother,* Maydalena Ruehl
6. *Mother's Maiden Name,* Neun
7. *Mother's Birthplace,* Bjorn.
8. *Full Name of Father,* John Ruehl
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Hessen Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 924 Hollins st

Remarks,

8 4 7 0 0 0 1 1 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

FORM 1236.]

RETURN OF A BIRTH. 81067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male Percy Thomas Kearney
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 6th 1897 10 a.m.
4. Place of Birth, (Street and Number) 226 N. Green St.
5. Full Name of Mother, Jennie Kearney
6. Mother's Maiden Name, Jennie Thomson
7. Mother's Birthplace,
8. Full Name of Father, Jas. F. Kearney
9. Father's Occupation Plumber
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr. W. Pumphrey MD

Address, 3rd Pine Hosp.

Remarks, Full name of child given by mother when applying for a transcript of birth 6/23/26 Mrs Jennie Kearney Mother

8970001164

Wm. J. C. Dulany Co., City Printers and Stationers.

...the births which have occurred under his or her care during the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81168

CERTIFICATE CORRECTED 4/26/44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert Hierstetter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) (White) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 6th 1897
4. Place of Birth, (Street and Number) 145 N Wolfe Street
5. Full Name of Mother, Elizabeth Hierstetter Lizzie Hinkelstaedt
6. Mother's Maiden Name, " Rager Reges
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lawrence Hierstetter Lawrence Hinkelstaedt
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron Midwife

Address, 1922 E. Fayette Street

Remarks,

8 4 7 0 0 0 1 1 6 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 915 Eden st
4. Place of Birth, (Street and Number) 6 February
5. Full Name of Mother, Katie Woppenberger
6. Mother's Maiden Name, Koch
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Woppenberger
9. Father's Occupation
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Cent Ave.

Remarks,

8 9 7 0 0 0 1 1 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	July 6/17
4. *Place of Birth, (Street and Number)*	2514 Franco st.
5. *Full Name of Mother,*	Mrs John Storrs
6. *Mother's Maiden Name,*	Annie D. Ford
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	John Storrs
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E A Smith M.D.
Address,	2539 Penna. Ave
Remarks,	

8970001167

Wm. J. C. Dulany Co,. City Printers and Stationers.

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 7th 1897
4. Place of Birth, (Street and Number) 133 South Regester st
5. Full Name of Mother, Mary Seigmund
6. Mother's Maiden Name, Mary Glatz
7. Mother's Birthplace, Germany
8. Full Name of Father, Ludwig Seigmund
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E

Address, Mrs Katherine Eisenhofer 241 South Washington st

Remarks, Mid-Wife

1847 0001168

Wm. J. C. Dulany Co., City Printers and Stationers.

(Sec. 3 ... its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 7th 1897
4. Place of Birth, (Street and Number) 2003 E. Eager St.
5. Full Name of Mother, Lydia Georges
6. Mother's Maiden Name, " Craft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. A. Georges
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Kidalmer M.D.

Address, John Hopkins Hospital, Baltimore Md.

Remarks,

8970001169

...ed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... the same can be ascertained the full name of each child, (if any shall have ... have occurred under his or her care during the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 811173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7. Feb.
4. *Place of Birth, (Street and Number)* 816. S. Charles St.
5. *Full Name of Mother,* Louisa Bittel
6. *Mother's Maiden Name,* Louisa Pfister
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Joseph Bittel
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Lancaster. Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs Winch

Address, 800 Leadenhall Street.

Remarks,

1897 0001170

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and o
said schedule shall be delivered, duly signed by the
third day of each and every month to the office o
shall occur without the attendance of a physician
attendance upon the mother, immediately thereaft
child to report its birth to the Commissioner of He
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. 81074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 1 1897
4. *Place of Birth, (Street and Number)* 839 Eagle St
5. *Full Name of Mother,* Martha Sloan
6. *Mother's Maiden Name,* Martin Chaney
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* John H Sloan
9. *Father's Occupation* Shipcarver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno S Kelly

Address, 1252 Hillen St

Remarks,

8970001171

been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become the
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Blue
3. *Date of Birth,* Feb 2 '97
4. *Place of Birth, (Street and Number)* 234 Mount St
5. *Full Name of Mother,* Mary A Burk
6. *Mother's Maiden Name,* Mary A Donaldson
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* Thacher Burk
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Burkitt

Name of Medical Attendant, or other person who makes this Return, Mrs J Keller

Address, 1422 Hillen Ave

Remarks,

8970001172

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8th 1897
4. Place of Birth, (Street and Number) 2413 Fairmount Ave
5. Full Name of Mother, Annie Gedzinger
6. Mother's Maiden Name, Annie Fleetting
7. Mother's Birthplace, New York
8. Full Name of Father, George Gedzinger
9. Father's Occupation Superintendent
10. Father's Birthplace, Balto

Name of Medical Attendant or other person who makes this Return, Anna Katherine Diemhofer

Address, 24 South Washington St

Remarks, White

1897 0001173

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 8th 1897
4. *Place of Birth, (Street and Number)*	119 Canal St (Hampden)
5. *Full Name of Mother,*	Sarah E. Barker
6. *Mother's Maiden Name,*	" " Dandy
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Barker
9. *Father's Occupation*	R.R. employee
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm R. Friedman M.D.
Address,	102 Chestnut Ave
Remarks,	

8970001174

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Agnes Lawrence

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 8 97
4. Place of Birth, (Street and Number) 909 E Madison St.
5. Full Name of Mother, Agnes Lawrence
6. Mother's Maiden Name, Agnes Barker
7. Mother's Birthplace, Md.
8. Full Name of Father, M. B. Lawrence
9. Father's Occupation Electrician
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J H Robertson

Address, 726 E. Preston St

Remarks, GIVEN NAME ADDED 3-5-54 L. M.

8970001175

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 8. 1897
4. *Place of Birth, (Street and Number)* 20 Mercer St
5. *Full Name of Mother,* Anna L Blankner
6. *Mother's Maiden Name,* Anna L Buchmueller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernard Blankner
9. *Father's Occupation* Richmond
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm L Kelly

Address, 1422 Hulton Ave

Remarks,

8970001176

been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-10-66

RETURN OF A BIRTH. 81080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ETHEL FOX

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 9th 97.
4. *Place of Birth, (Street and Number)* Waverly
5. *Full Name of Mother,* Mary Ella Fox.
6. *Mother's Maiden Name,* Mary Ella Leavitt.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Henry W. Fox.
9. *Father's Occupation,* Attorney at Law
10. *Father's Birthplace,* Balto Co - Md

Name of Medical Attendant, or other person who makes this Return. Robt J. Wilson MD

Address, 820 Park Ave

Remarks,

8970001177

Health. This schedule shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 9 97
4. *Place of Birth, (Street and Number)*	1310 West St.
5. *Full Name of Mother,*	Ida Ruthrow
6. *Mother's Maiden Name,*	Ida Basil
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm. Ruthrow
9. *Father's Occupation*	Mason
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	726 S. Paca St
Remarks,	

8 9 7 0 0 0 1 1 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

The Attending shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 7th 9. 16. 97.
4. Place of Birth, (Street and Number) 952. Hare St
5. Full Name of Mother, Lunnie Mahon
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Mahon
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 N Washington Ave

Remarks,

8970001179

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 9th
4. *Place of Birth, (Street and Number)*	812 Lafayette Street
5. *Full Name of Mother,*	Emma Abendroth
6. *Mother's Maiden Name,*	Sipe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Emil Abendroth
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kerr Midwife
Address,	1922 E Fayette Street
Remarks,	

8 9 7 U 0 0 1 1 8 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ns which have occurred under his or her care during the ...e can be ascertained the full name of each child, (if any shall have ...and occupation of its parents, the date and place of birth, and the ...by the practitioner in the form of a certificate between the first and ...ffice of the Commissioner of Health. In case the birth of any child ...sician or practioner of midwifery, or should no other person be in ...hereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...er fail to comply with the provisions of this section shall be sub- ...ffence, to be recovered as other fines and forfeitures are recoverable.

...set forth as far as the same can be ...been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 9. (
4. *Place of Birth, (Street and Number)* 118. E. Church Street,
5. *Full Name of Mother,* Marie Anna Sparks,
6. *Mother's Maiden Name,* Winder,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Wesley Sparks,
9. *Father's Occupation* Bridgebuilder.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8970001181

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 9th 1897
4. *Place of Birth, (Street and Number)* 423 S Schroeder St
5. *Full Name of Mother,* Katie A Bartlow
6. *Mother's Maiden Name,* Katie Bauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George C Bartlow
9. *Father's Occupation* Brakesman
10. *Father's Birthplace,* Frederick

Name of Medical Attendant, or other person who makes this Return, Ora S Kelley

Address, 1922 Hillsboro Ave

Remarks,

8970001182

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10th 1897
4. Place of Birth, (Street and Number) 101 Crowders Ct.
5. Full Name of Mother, Mrs Gross
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr Gross
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor M.D.

Address, Maternité 113 W. Lombard St.

Remarks,

8970001183

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 81187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3te
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	10 February 1897
4. *Place of Birth, (Street and Number)*	306 Ramsay Str Baltimer Md
5. *Full Name of Mother,*	Rosine Bayer
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Oberweisenbach Germany
8. *Full Name of Father,*	Johann Bayer
9. *Father's Occupation*	Butscher
10. *Father's Birthplace,*	Deuschmitz Germany
Name of Medical Attendant, or other person who makes this Return,	Anna Bucholt
Address,	1014 W. Pratt Str.
Remarks,	

8970001184

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Feb 10 97
4. Place of Birth (Street and Number),	618 Gorsuch Ave
5. Full Name of Mother,	Annie Pochlman
6. Mother's Maiden Name,	Kirkeller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George F Pochlman
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	L O Normonier
Address,	634 Gorsuch Ave
Remarks,	

8470001185

The Baltimore Publishing Co., City Printers and Stationers

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lorell Caroline Wenner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10th 1897
4. *Place of Birth, (Street and Number)* 1925 Fairmount Ave
5. *Full Name of Mother,* Minnie L Wenner
6. *Mother's Maiden Name,* Minnie Ingram
7. *Mother's Birthplace,* Balto Virginia
8. *Full Name of Father,* George Wenner
9. *Father's Occupation* Baltic Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Duenhofer

Address, 2415 Washington Ave

Remarks, Omid - Wife

GIVEN NAME ADDED 8470001 1.8 26 18-52

Wm. J. C. Dulany Co., City Printers and Stationers.

e can be ascertained the full name of each child, (if any shall have
and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
ter fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

as far as the same can
been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office
shall occur without the attendance of a physician
attendance upon the mother, immediately thereaf
child to report its birth to the Commissioner of He
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence

ORM 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb - 10 '97.
4. *Place of Birth, (Street and Number)* 1770 Edmondson Ave.
5. *Full Name of Mother,* Annie Florence Wilson
6. *Mother's Maiden Name,* Bowie.
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Richard Wilson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, O. O. Humphreis

Address, 2nd Health Dist.

Remarks,

8970001187

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 10 / 2. 15 A. M.
4. *Place of Birth, (Street and Number)* 227 N. Heath Street.
5. *Full Name of Mother,* Isabelle Slater,
6. *Mother's Maiden Name,* Holmes
7. *Mother's Birthplace,* Mallard - Carroll Co. Md.
8. *Full Name of Father,* William Albert Slater,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Woodberry, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaund (for the

Address, Mothers Relief Society, 1412 Druid Hill Ave.

Remarks,

8970001188

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2:30 P. M., Feb. 11/97.
4. *Place of Birth, (Street and Number)* 823 Light St.
5. *Full Name of Mother,* Lizzie Cora Lewis
6. *Mother's Maiden Name,* Lizzie Cora Pryor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Needham Lewis
9. *Father's Occupation,* Custom House Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M.D.

Address, 8 East Montgomery St.

Remarks, Labor normal. No puerperal trouble.

8970001189

Wm J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* February 11th.
4. *Place of Birth, (Street and Number)* No. 914 Columbia Ave.,
5. *Full Name of Mother,* Sarah Galloway,
6. *Mother's Maiden Name,* Heathorn,
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* George W. Galloway,
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, 721 Columbia Ave.

Remarks,

1 8 9 7 0 0 0 1 1 9 0

Wm J C Dulany Co., City Printers and Stationers.

The name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 81094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard Te Clarke 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11 1897
4. Place of Birth, (Street and Number) 134 S. Mount St
5. Full Name of Mother, Emma B. Clarke
6. Mother's Maiden Name, Emma B White
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Robert T. Clarke Jr
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Va
    Name of Medical Attendant, or other person who makes this Return, E. H. Slater M.D
    Address, 1347 Fayette St
    Remarks, 8 9 7 0 6 0 3 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 12th 1897
4. *Place of Birth, (Street and Number)*	322 N. Calvert St.
5. *Full Name of Mother,*	Mrs Sadie Burk
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Mr Burk
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	John F. Connor M.D.
Address,	Maternité 115 N. Lombard St.
Remarks,	

8970001192

Every midwife, physician or other person who shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/10 96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 12 96
4. Place of Birth, (Street and Number) 310 S Bethel
5. Full Name of Mother, Carrie Bentley
6. Mother's Maiden Name, Carrie Beebe
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Bentley
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1034 Linden Ave

Remarks,

8970001193

Wm. J. C. Dulany Co., City Printers and Stationers.

The parent, guardian or other person having charge of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) -5-

1. Sex, (state whether male ~~or female~~) male
2. Race or ~~Color~~, (if not of the white race) white
3. Date of Birth, Feb-13-1897- at 20 minutes Past 3. Pm
4. Place of Birth, (Street and Number) 1207- Eward Street-
5. Full Name of Mother, Minnie Kohlhaus
6. Mother's Maiden Name, - - - - High-
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Charles P. Kohlhaus
9. Father's Occupation Saloon Keeper-
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Josephine. Amas — Coroner

Address, 920 Shuter Street-

Remarks, mother and Child Doing both well

Born 8 9 7 0 0 0 1 1 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feb 13 97
4. Place of Birth, (Street and Number) 110 N Pine St
5. Full Name of Mother, Nina Harris
6. Mother's Maiden Name, " Seligman
7. Mother's Birthplace, Balto
8. Full Name of Father, David Harris
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas. F. Blake M D

Address, 1503 E Balto St

Remarks,

8970001195

Wm J C. Dulany Co., City Printers and Stationers.

Every birth occurring in the city of Baltimore shall be ascertained the full name of each child, if any shall have been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 13th
4. *Place of Birth, (Street and Number)* 219 N Ann Street
5. *Full Name of Mother,* Florence Ottenweather
6. *Mother's Maiden Name,* Louis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Ottenweather
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H C Brown Midwife

Address, 1922 E. Fayette Street

Remarks,

8 9 7 0 0 0 1 1 9 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of ~~the~~ white race) W Indian
3. Date of Birth, February 13th 1897
4. Place of Birth, (Street and Number) 922 Hopkins Ave
5. Full Name of Mother, Sarah Davis
6. Mother's Maiden Name, Sarah Bangun
7. Mother's Birthplace, Balto
8. Full Name of Father, Owen Davis
9. Father's Occupation Farmer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Katherine Dysenhofer 24 South Wolfe St

Remarks, Quick - Wife

8970001197

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 81101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 13th 1897
4. Place of Birth, (Street and Number) 505 N Chapel st
5. Full Name of Mother, Mary Fuka
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Fuka
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 705 N Warrington Ave

Remarks,

8 9 7 0 0 0 1 1 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... set forth as far as the same can be ascertained the full name of each child, (if any shall have ... under his or her care during the

M 1236.]

RETURN OF A BIRTH. 81102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 13, 1899.
4. *Place of Birth, (Street and Number)* 19 Druid ave.
5. *Full Name of Mother,* Lydia Jane Walls.
6. *Mother's Maiden Name,* Kelbaugh.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Edward Walls.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cherbert ave.

Remarks,

8 7 0 0 0 1 1 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8/103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 13 1897
4. *Place of Birth, (Street and Number)*	307 N Carrollton ave
5. *Full Name of Mother,*	Katie R. Patton
6. *Mother's Maiden Name,*	Katie Heworth
7. *Mother's Birthplace,*	Kent Co Md
8. *Full Name of Father,*	Maro Patton
9. *Father's Occupation*	Printer.
10. *Father's Birthplace,*	Kent Co Md.
Name of Medical Attendant, or other person who makes this Return,	G. N. Slater M.D
Address,	847 Hayden St.
Remarks,	

8 4 7 0 0 0 1 6 2 3 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Note: This schedule shall contain a list of the births which have occurred in the City of month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 Feb 1911
4. *Place of Birth, (Street and Number)* 1 & E Chesapeake St
5. *Full Name of Mother,* Rachel Speir
6. *Mother's Maiden Name,* " Stockmaker
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Carlis Speir
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Mills

Address, 302 Chesapeake St

Remarks,

18970001201

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 13th February 1897

4. Place of Birth, (Street and Number) No 114. Calender Alley Balto

5. Full Name of Mother, Katie Kelly

6. Mother's Maiden Name, Katie McGrath

7. Mother's Birthplace, Ireland

8. Full Name of Father, John J. Kelly

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Kelley

Address, 1004 West Lexington St.

Remarks,

+ 8970001202

Wm. J. C. Dulany Co., City Printers and Stationers.

named the full name of each child, (if any shall have
on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
commissioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 Feb.
4. *Place of Birth, (Street and Number)* 649 Portland St.
5. *Full Name of Mother,* Augstine Zeamar
6. *Mother's Maiden Name,* Augstine Ruepensberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Zeamar
9. *Father's Occupation* Seamen
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Winnah

Address, 800 Leadenhall Street.

Remarks,

1897000 1203

Wm. J. C. Dulany Co., City Printers and Stationers.

[1 1336.]

RETURN OF A BIRTH. 81107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th Feb.
4. Place of Birth, (Street and Number) 412. Rodgers Ave
5. Full Name of Mother, Ida Goss-man
6. Mother's Maiden Name, Ida Wilke
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Goss-man
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore, md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Jink Hodges

Address, 1417 E. Eager St

Remarks,

8970001204

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Commissioner of Health may require a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 81108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fifth one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th Feb 9
4. *Place of Birth, (Street and Number)* 1622 Abbott St
5. *Full Name of Mother,* Louisa Grape
6. *Mother's Maiden Name,* Louisa Nater
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Grape
9. *Father's Occupation* Horseler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Luise Scalora

Address, 1010 Durham St

Remarks,

8970001205

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1235.]

RETURN OF A BIRTH. 81109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th Feb
4. Place of Birth, (Street and Number) 712. Barrett St
5. Full Name of Mother, Dellia Frederick
6. Mother's Maiden Name, Dellia Mannion
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph Frederick
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bart Mahoney

Address, 1417 E. Eager St.

Remarks,

8 9 7 0 0 0 1 2 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...and occupation of its parents, the date and place of birth, and the ...practitioner in the form of a certificate between the first and ...delivered, duly signed by the practitioner, or midwifery, or should no other person be in ...to the office of the Commissioner of Health. In case the birth of any child ...without the attendance of a physician or practitioner of midwifery, or should no other person be in ...immediately thereafter it shall become the duty of the person or parents of such ...the mother, in the manner and within the period above required, and ...birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- ...persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1336]

RETURN OF A BIRTH. 81110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Second~~ Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 10. 97.
4. *Place of Birth, (Street and Number)*	1116 E. Biddle St.
5. *Full Name of Mother,*	Margaret Miller.
6. *Mother's Maiden Name,*	Margaret Keller.
7. *Mother's Birthplace,*	Baltimore Co. Maryland.
8. *Full Name of Father,*	Francis Joseph Miller.
9. *Father's Occupation*	Baker,
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Louisa Svatora
Address,	1010 N. Durham St.
Remarks,	

8970001207

Wm. J. C. Dulany Co., City Printers and Stationers.

1336]

RETURN OF A BIRTH. 81111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday Feb 10 1897
4. *Place of Birth, (Street and Number)* 1816 E Eager St
5. *Full Name of Mother,* Annie Lewis
6. *Mother's Maiden Name,* Annie Bradigan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Lewis
9. *Father's Occupation* Varisher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Luise Watson

Address, 1010 Durham st

Remarks,

1897 0001208

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 81112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. th 14 1897.
4. Place of Birth, (Street and Number) 729. Hurhanne st
5. Full Name of Mother, Annie Kneeyer
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father Harrie Kneiger
9. Father's Occupation Taylor
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopkrske

Address, 205 N Washington st

Remarks,

18970001209

Wm. J. C. Dulany Co., City Printers and Stationers.

...the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 15 '97
4. *Place of Birth, (Street and Number)* 1500 Mc Elderry St
5. *Full Name of Mother,* Barbara Gertz
6. *Mother's Maiden Name,* " Deckert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Gertz
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 1 2 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

81114

RETURN OF A BIRTH. 81114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 529 South Bond st
4. *Place of Birth, (Street and Number)* February 14 th 1897
5. *Full Name of Mother,* Annie Lisiecki
6. *Mother's Maiden Name,* Annie Kline
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles R. Lisiecki
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, Mrs Katherine Dissenhofer 241 South Washington st

Remarks, Mid-Wife

89700012111

Wm. J. C. Dulany Co,. City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
ffence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the
third day of each and every month to the office o
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafte
child to report its birth to the Commissioner of Hea
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 8/11 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12.25 P. M., Dec. 14/94.
4. Place of Birth, (Street and Number) 138 W. Clement St.
5. Full Name of Mother, Agnes Mary Tree
6. Mother's Maiden Name, Agnes Mary Sheehan.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Michael Francis Tree.
9. Father's Occupation, Foreman of Stone Yard.
10. Father's Birthplace, Rutland, Vt.

Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M.D.

Address, 8 East Montgomery St.

Remarks, Labor normal. No puerperal trouble.

8970001212

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 81116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 14th
4. *Place of Birth, (Street and Number)* 2324 W Monument St
5. *Full Name of Mother,* Mary Murray
6. *Mother's Maiden Name,* Robinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W Murray
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Brown Midwife

Address, 1922 E Fayette St

Remarks,

8 9 7 0 0 0 1 2 1 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

which have occurred under his or her care during the
the births which have occurred under his or her care during the
by the Commissioner of
as the same can be ascertained by the Commissioner of
of its parents, the date and place of birth; and the
mined the full name of each child, (if any shall have
of its parents, the date and place of birth; and the
ioner in the form of a certificate between the first and
commissioner of Health. In case the birth of any child
of midwifery, or should no other person be in
shall become the duty of the person or parents of such
manner and within the period above required, and
ply with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered

[1336]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th Febuary
4. *Place of Birth, (Street and Number)* 1813 E. Eager St.
5. *Full Name of Mother,* Emily L. Kerner
6. *Mother's Maiden Name,* Emily L. Bell
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Henry E. Kerner
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Luisa Tvalora

Address, 1812 E. Eager st 1010 Durham st

Remarks,

8970001214

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 th February
4. *Place of Birth, (Street and Number)* 143 little Madary
5. *Full Name of Mother,* Mrs Annie Jeffison
6. *Mother's Maiden Name,* Annie Jeffison
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Simon Jeffison
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Luise Isatora

Address, 1010 Durham st

Remarks,

1 8 9 7 0 0 0 1 2 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 14th
4. *Place of Birth, (Street and Number)*	939 Hollins St
5. *Full Name of Mother,*	Annie K. Foos
6. *Mother's Maiden Name,*	Annie K. Benner
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	John E. Foos
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. L. Sedwick
Address,	1004 West Lexington St
Remarks,	

8970001216

Every midwife in the City of Baltimore who shall attend the birth of any child, shall, within twenty-four hours after the birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 15. / 1. 20. A. M. /
4. Place of Birth, (Street and Number) 1908 Hanover street
5. Full Name of Mother, Catherine Plattenburger,
6. Mother's Maiden Name, Huber,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jacob Plattenburger,
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kaune / for the

Address, Mothers Relief Society / 1712 Richardson Place.

Remarks,

8970001217

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 8/121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 15-97
4. Place of Birth, (Street and Number) 1406 Orleans
5. Full Name of Mother, Francis A Fogarty
6. Mother's Maiden Name, " Rock
7. Mother's Birthplace, Balto
8. Full Name of Father, James J Fogarty
9. Father's Occupation Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8970001218

Wm. J. C. Dulany Co., City Printers and Stationers.

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 81122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. th 15 1897.
4. *Place of Birth, (Street and Number)* 937 Chapel St
5. *Full Name of Mother,* Elizabeth Babicky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Babicky
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 205 N Washington st

Remarks,

8970001219

Wm. J. C. Dulany Co., City Printers and Stationers.

...of the births which have occurred in this City, to be furnished by the Commissioner of ... and correct list of the same, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-19-62

RETURN OF A BIRTH. 81123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Milton I. Fowler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 15th 189[illegible]
4. *Place of Birth, (Street and Number)* 1909 E. Chas A.
5. *Full Name of Mother,* Anna Fowler
6. *Mother's Maiden Name,* " Slater
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dallas A. Fowler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* St Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return James Dabney M.D.

Address, John Hopkins Hospital Baltimore, Md.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001220

...shall be ascertained the full name of each child, if any shall have been born unto her since the same can be ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 15th 1897.
4. Place of Birth, (Street and Number) 1930 Frederick Ave.
5. Full Name of Mother, Gertrud Spurrier
6. Mother's Maiden Name, Frock
7. Mother's Birthplace, Balto County
8. Full Name of Father, William F. Spurrier
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, Hugo F. Filippino

Address, 1815. W. Pratt St.

Remarks,

8 4 7 0 0 0 1 2 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offience, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. 81125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 15 1899.
4. *Place of Birth, (Street and Number)* 204 Cedar ave.
5. *Full Name of Mother,* Rilla Tracey.
6. *Mother's Maiden Name,* Stiffler.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Henry Tracey.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas N. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

† 8 9 7 0 0 0 1 2 2 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

be ascertained the full name and occupation of the same can be as... said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 15th 1897
4. *Place of Birth, (Street and Number)* 528 Walnut Alley
5. *Full Name of Mother,* Mrs Mary Gould
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Mr — Gould
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, John F. Connor M.D.

Address, Maternité 115 Fr. Lombard St

Remarks,

8970001223

Wm. J. C. Dulany Co., City Printers and Stationers.

of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 15th 1897
4. Place of Birth, (Street and Number) 426 N. Stricker st.
5. Full Name of Mother, Blondina Watz.
6. Mother's Maiden Name, Hartmand
7. Mother's Birthplace, Rideltmier
8. Full Name of Father, Michial Watz
9. Father's Occupation Shoe-maker
10. Father's Birthplace, Eggelsheim

Name of Medical Attendant, or other person who makes this Return, M. A. Godley

Address, 1004 W. Lexington St

Remarks,

8970001224

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

81128

RETURN OF A BIRTH. 8112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Gal
2. *Race or Color, (if not of the white race)* weis
3. *Date of Birth,* 16 Februar 1897
4. *Place of Birth, (Street and Number)* Wolf St N 2709
5. *Full Name of Mother,* Maryi Jaxenska
6. *Mother's Maiden Name,* Krackowska
7. *Mother's Birthplace,* Deutchland
8. *Full Name of Father,* Antrzej Jaxenski
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace,* Deutchland

Name of Medical Attendant, or other person who makes this Return, M Begner

Address, Ann St N 721

Remarks, Baltimore

1897 0001225

Wm. J. C. Dulany Co., City Printers and Stationers.

81129

RETURN OF A BIRTH. 81[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 16 97
4. *Place of Birth, (Street and Number)* 1701 Clarkson St
5. *Full Name of Mother,* Alberta (Bang)
6. *Mother's Maiden Name,* Powers
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Elijah Bang
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. G. H. Cammerbacher

Address, 1034 Leadenhall St.

Remarks,

18970001226

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. 2.—And be it further enacted and ordained that every person practicing midwifery in the City of

[illegible] a full and correct

[illegible] in the City of Baltimore.

RETURN OF A BIRTH. 81130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 16th 1897
4. *Place of Birth, (Street and Number)* 1119 Wilcox A.
5. *Full Name of Mother,* Annie Mullen
6. *Mother's Maiden Name,* " McWilliams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur Mullen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Mowbray M.D.

Address, Johns Hopkins Hospital Baltimore, Md.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0 0 1227

third day of each and every month to the office of the Registrar of Vital Statistics, the full name of each child, (if any shall have been born during the month), the date and place of birth, the name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81130/24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, February 17 1897
4. Place of Birth, (Street and Number) 219-N Carrollton Avenue
5. Full Name of Mother, Mrs Rosamond Kirkley
6. Mother's Maiden Name, Miss Rosamond Scott
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Jno. George Kirkley
9. Father's Occupation, Plumber
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. A. J. Hodgdon M.D.

Address, 1235-West Lafayette Avenue

Remarks, 18970001228

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

16

RETURN OF A BIRTH. A 811303/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) male — Parker Wilson Luckett
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 14. 1897
4. Place of Birth, (Street and Number) 1421 N. Bond St
5. Full Name of Mother, Sadie Ann Luckett
6. Mother's Maiden Name, Sadie Ann Wilson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Parker Luckett
9. Father's Occupation, Supt of Tin Ware Mfg
10. Father's Birthplace, Hancock Washington Co Md

Name of Medical Attendant, or other person who makes this Return, B. Pz. Browne M. D.

Address, 510 Park Ave

Remarks, Full name of child added by father upon applying for a transcript of Birth 8 4 7 0 0 1 2 2 9 E. W. Ehm Reg March 9-1932

510 Park Ave

Please fill on dotted lines & return to

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner of attendance upon the mother, immediately thereafter, in the manner child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Feby 17/97
4. *Place of Birth, (Street and Number)*	1145 Riverside Ave.
5. *Full Name of Mother,*	Mrs Jno. S. Bayne
6. *Mother's Maiden Name,*	Alice Edwards
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Jno S. Bayne
9. *Father's Occupation*	Asst. Chemist
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E A Smith M.D.
Address,	2534 Penna. Ave
Remarks,	

8970001230

Wm. J. C. Dulany Co., City Printers and Stationers.

All cases of births occurring in the City of Baltimore shall be registered. The full name of each child, (if any shall have been determined) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 17.
4. *Place of Birth, (Street and Number)* 1146 E Cross St
5. *Full Name of Mother,* Elizabeth Emma Helena Neumann
6. *Mother's Maiden Name,* Metz
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John C. Neumann
9. *Father's Occupation* Baker.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm. Winch

Address, 800 Leadenhall Street

Remarks,

1897000 1231

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 17 th
4. Place of Birth, (Street and Number) 1305 W. James st.
5. Full Name of Mother, Katie Reigney
6. Mother's Maiden Name, " Murry
7. Mother's Birthplace, Balto city
8. Full Name of Father, Wm. H. Reigney
9. Father's Occupation, Brakeman B & O. R. R.
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, M. J. Lennan

Address, 1313 W. Balto st.

Remarks, (Nora Lee) healthy girl.

8 9 7 0 0 0 1 2 3 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

FORM 1236.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 17 1897
4. *Place of Birth, (Street and Number)* No. 1231 Harford Ave.
5. *Full Name of Mother,* Bertha Sewell
6. *Mother's Maiden Name,* Bertha Bastian
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Samuel Sewell
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anne A. Glassell M.D.

Address, 1741 Harford ave

Remarks,

1897 0001233

Wm. J. C. Dulany Co,. City Printers and Stationers.

Over

RETURN OF A BIRTH. 81135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jean Fonville ~~Richardson~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, February 17th.,
4. Place of Birth, (Street and Number) No. 312 S. Gilmore St.,
5. Full Name of Mother, Eugenia Richardson,
6. Mother's Maiden Name, Fonville,
7. Mother's Birthplace, France,
8. Full Name of Father, Frank Richardson,
9. Father's Occupation, Brick-layer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Frank Richardson

Address, No. 721 Columbia Ave

Remarks,

8970001234

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14 1894
4. Place of Birth, (Street and Number) 523 Lancelot st Balto
5. Full Name of Mother, Lecto o Jones
6. Mother's Maiden Name, Snead
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Andrew E Jones
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E Twing 575 Hickory ave Hampden city

Remarks,

8970001235

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 17th 1897
4. Place of Birth, (Street and Number) 119 W. Henrietta St.
5. Full Name of Mother, Mary. Dora. Rohrbach
6. Mother's Maiden Name, Mary. Dora Schweikert
7. Mother's Birthplace, Germany
8. Full Name of Father, William Rohrbach.
9. Father's Occupation Cabinet Maker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Wünsch

Address, 840 Leadenhall Street.

Remarks,

1897 0 0 0 1 2 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 18th 1897
4. *Place of Birth, (Street and Number)* 335 E. Pendleton St
5. *Full Name of Mother,* Gusta Fortenbach Muller
6. *Mother's Maiden Name,* Gusta Fortenbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis A Muller
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Jno A Keller

Address, 1922 Aisquith St

Remarks,

1897000001237

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

CERTIFICATE CORRECTED 2-28-57

RETURN OF A BIRTH. 81139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Gawlis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18 1897.
4. Place of Birth, (Street and Number) No 18 Hartman Str. A. ex to
5. Full Name of Mother, Fedonia Gawlis Ludwiga Gawlis
6. Mother's Maiden Name, Fedonia Federwich, Ludwiga
7. Mother's Birthplace, Poland
8. Full Name of Father, Ludwig Gawlis
9. Father's Occupation Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Anna A. Ebert M.D.

Address, 1341 Hanover Ave

Remarks,

1897 0001238

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1235.]

RETURN OF A BIRTH. 81140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18. Feb.
4. Place of Birth, (Street and Number) 412 Fall st.
5. Full Name of Mother, Bridget Powers.
6. Mother's Maiden Name, Bridget Burk.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph Powers.
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Smith Midwife

Address, 1417 E. Eager st.

Remarks,

8 9 7 0 0 0 1 2 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... Female
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... 18th February
4. *Place of Birth, (Street and Number)* ..... 121 Chatsworth St
5. *Full Name of Mother,* ..... Amalia [illegible] Da Costa
6. *Mother's Maiden Name,* ..... Lincoln [illegible] Smith
7. *Mother's Birthplace,* ..... Germany
8. *Full Name of Father,* ..... Jose [illegible] Da Costa
9. *Father's Occupation* ..... Sailor
10. *Father's Birthplace,* ..... Portugal

Name of Medical Attendant, or other person who makes this Return, ... Mrs Münch

Address, 800 Leadenhall Street.

Remarks, ...

1897000 1240

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th February 1897
4. Place of Birth, (Street and Number) 224 South Vincent St
5. Full Name of Mother, Mary Borland
6. Mother's Maiden Name, Mary Hines
7. Mother's Birthplace, Virginia
8. Full Name of Father, Robert Borland
9. Father's Occupation, Felt Hatter
10. Father's Birthplace, Philadelphia, Pa

Name of Medical Attendant, or other person who makes this Return. Mrs. O'Hayer

Address, 924 Hollins St

Remarks,

1897000124 1

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schechile shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C[illegible]NY & CO., CITY PRINTERS AND STATIONERS

ORM 1236.]

RETURN OF A BIRTH. 81143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb - 18 - 97 -

4. Place of Birth, (Street and Number) 821 N Howard

5. Full Name of Mother, Annie Bernell

6. Mother's Maiden Name, Adams, Flood

7. Mother's Birthplace, U.S.

8. Full Name of Father, Joseph Bernell

9. Father's Occupation Confectioner

10. Father's Birthplace, Penn -

Name of Medical Attendant, or other person who makes this Return, Dr Thompson

Address, 821 N Howard St

Remarks,

1897 0001242

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ubject to the Commissioner of ... of the births which have occurred under his or her care during the ... been ascertained the full name of each child, (if any shall have ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18 27
4. Place of Birth, (Street and Number) 234 N Gramm[illegible]
5. Full Name of Mother, Mrs Schmeck
6. Mother's Maiden Name, Wadman
7. Mother's Birthplace, Russia
8. Full Name of Father, Mr Schmeck
9. Father's Occupation Tailor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr Thompson Mrs

Address, Md Gen Hosp.

Remarks,

1 8 9 7 0 0 0 1 2 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 81145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Gal
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 18 Februar 1897
4. Place of Birth, (Street and Number) Aleksandar St 16 1905
5. Full Name of Mother, Magarete Demiel
6. Mother's Maiden Name, " Rectel
7. Mother's Birthplace, Amerika
8. Full Name of Father, Johan Demiel
9. Father's Occupation Arbeiter
10. Father's Birthplace, Amerika

Name of Medical Attendant, or other person who makes this Return, H Beyer

Address, Linn St 16 121

Remarks, Baltimore

8970001244

Wm. J. C. Dulany Co,. City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 81146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Gal
2. *Race or Color, (if not of the white race)* weis
3. *Date of Birth,* 18 Februar 1897
4. *Place of Birth, (Street and Number)* Dem St. No 1913
5. *Full Name of Mother,* Magdalena Rybarczyk
6. *Mother's Maiden Name,* " Lander
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Ignac Rybarczyk
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other person who makes this Return, H Bezier

Address, Linn St No 721

Remarks, Baltimore

8970001245

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 February
4. Place of Birth, (Street and Number) 2031 Oliver st
5. Full Name of Mother, Millie Muller
6. Mother's Maiden Name, Fechman
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Muller
9. Father's Occupation
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna J. Walker

Address, 928 W Cent Ave.

Remarks,

8 4 7 0 0 9 1 2 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* February 19th 1897
4. *Place of Birth (Street and Number),* 410 Hoffman Street
5. *Full Name of Mother,* Kate Kunichunda Rettebaugh
6. *Mother's Maiden Name,* Kate Kunichunda Rettebaugh
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Frederick Snyder
9. *Father's Occupation,* Lamp-Lighter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Harvey, M.D.

Address, 410 Hoffman Street, West

Remarks,

1897 00012 47

The Baltimore Publishing Co., City Printers and Stationers

FORM 1236.]

81149

RETURN OF A BIRTH. 81149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19 1892
4. Place of Birth, (Street and Number) No. 1823 Orleans St
5. Full Name of Mother, Fannie Bohm
6. Mother's Maiden Name, Fannie Hellebrand
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A. Bohm
9. Father's Occupation Barrister
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Otwell M.D.

Address, 1741 Hanford ave

Remarks,

9700001248

Wm. J. C. Dulany Co., City [illegible] inters [illegible]

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	Feby. 14th. 1897.
4. *Place of Birth, (Street and Number)*	1906 Bradish Ave.
5. *Full Name of Mother,*	Bulah Augusta Fold
6. *Mother's Maiden Name,*	Bulah Augusta Richardson
7. *Mother's Birthplace,*	Annapolis Md.
8. *Full Name of Father,*	Chas. Francis Fold.
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	J. A. Zapp M.D.
Address,	Walbrook
Remarks,	City

1897 0001249

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 19th '97
4. *Place of Birth, (Street and Number)* 112 E. Hombay Lane
5. *Full Name of Mother,* Mrs Julia Fisher
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Mr Fisher
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor M.D

Address, Maternité 115 N. Lombard St

Remarks,

1897000250

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
by the Commissioner of
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Feb. 19- 1897
4. *Place of Birth, (Street and Number)* 819 Linden Ave.
5. *Full Name of Mother,* Annie Freeland.
6. *Mother's Maiden Name,* Annie Carroll.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* J. W. Freeland
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, A. O. Singleton Md Gene Hosp

Address,

Remarks,

8970001251

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

811 53

GIVEN NAME ADDED 5-15-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Millicent Buckingham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb 19-97
4. Place of Birth, (Street and Number) 463. Fulton Ave
5. Full Name of Mother, Alice B. H. Buckingham
6. Mother's Maiden Name, Harman
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, Michael Buckingham
9. Father's Occupation, Saw Mill Land
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE

Remarks,

8970001252

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M 1236.]

RETURN OF A BIRTH. 81154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 19 1897.
4. Place of Birth, (Street and Number) 428 Immanuel ave.
5. Full Name of Mother, Ella A. Ebersole.
6. Mother's Maiden Name, Joy.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Washington Ebersole.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

8970001253

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be registered by the Commissioner of Health, and a certificate thereof shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1336]

RETURN OF A BIRTH. 81155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boe
2. *Race or Color, (if not of the white race)* weis
3. *Date of Birth,* 19 Februar 1897
4. *Place of Birth, (Street and Number)* Linkort Nr 2113
5. *Full Name of Mother,* Josefa Kuc
6. *Mother's Maiden Name,* Kobelska
7. *Mother's Birthplace,* Deutchlound
8. *Full Name of Father,* Michal Kuc
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace,* Deutchland

Name of Medical Attendant, or other person who makes this Return, M Bogior

Address, Ann St Nr 721

Remarks, Baltimore

18970001254

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 81156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 4th 1897.
4. *Place of Birth, (Street and Number)* 2348 Walker St
5. *Full Name of Mother,* Mary Saber
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Saber
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsch

Address, 205 N Washington St

Remarks,

1897 0001255

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 3rd
4. *Place of Birth, (Street and Number)*	Katie O'conner
5. *Full Name of Mother,*	Katie McKale
6. *Mother's Maiden Name,*	#228 Bank st.
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas O'conner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester
Remarks,	

1897 0001256

Wm J. C. Dulany Co., City Printers and Stationers.

...ecorded its sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 6
4. *Place of Birth, (Street and Number)* 109 Broad Alley near Lombard St
5. *Full Name of Mother,* Celia Hersman
6. *Mother's Maiden Name,* Celia Herman
7. *Mother's Birthplace,* Radvilagic Russ.
8. *Full Name of Father,* Harris Hersman
9. *Father's Occupation* Glazier.
10. *Father's Birthplace,* Codney Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klawansky

Address, 1022 E. Lombard St

Remarks,

1 8 9 7 U 0 0 1 2 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. 81159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Feb. 8th 1899

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feb. 8th 1899
4. Place of Birth, (Street and Number) 304 N. Gilmor
5. Full Name of Mother, Mary Virginia Smith
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lucian Michael
9. Father's Occupation Draughtsman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. O. Wineman

Address, 1095 W. Fayette St.

Remarks, L. O. & A.

1897000001258

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 10/22/68

RETURN OF A BIRTH. 81160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SYLVAN KANN ~~FLEISHMAN~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Hebrew
3. Date of Birth, Febry 4/97
4. Place of Birth, (Street and Number) 1330 N. Norfolk Av
5. Full Name of Mother, Rhena Fleishman
6. Mother's Maiden Name, Rhena Kann
7. Mother's Birthplace, Balto
8. Full Name of Father, Saml Fleishman
9. Father's Occupation Merchant
10. Father's Birthplace, NY

Name of Medical Attendant, or other person who makes this Return. A C Pole

Address, 2038 Madison Av

Remarks,

1897000 1259

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance w[illegible] the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 14th 1897
4. *Place of Birth, (Street and Number)* 906 N. Edmondson
5. *Full Name of Mother,* Mary Mason Carr
6. *Mother's Maiden Name,* Balto Md
7. *Mother's Birthplace,*
8. *Full Name of Father,* Charles E. Mason
9. *Father's Occupation* butter dealer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B Billingslea

Address, 1206 E. Baltimore St

Remarks,

1897 0 0 0 1 2 6 0

been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner it shall be
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 20 1897
4. *Place of Birth, (Street and Number)* 374 Rhoerer St
5. *Full Name of Mother,* Sarah Rosenfield
6. *Mother's Maiden Name,* Lasserer
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Willie Rosenfeld
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rose Fineshriber

Address, 25 Floyd St

Remarks,

1897000 1261

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 81163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John A. Wilkinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) W Gde
3. Date of Birth, February 21st 1897
4. Place of Birth, (Street and Number) 2021 Longhard st
5. Full Name of Mother, Mary Alice Wilkinson
6. Mother's Maiden Name, Mary Alice Swartz
7. Mother's Birthplace, Balto
8. Full Name of Father, George Wilkinson
9. Father's Occupation Electrician
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return,

Address, 1110 Kathrine Dienhofer 241 on Washington st.

Remarks, Mid — Wife

1897 0001262

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 24th '97
4. *Place of Birth, (Street and Number)*	606 N. Eldery. Ct.
5. *Full Name of Mother,*	Mrs Ida Dean
6. *Mother's Maiden Name,*	Del
7. *Mother's Birthplace,*	Dean
8. *Full Name of Father,*	Mr —
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	John F. O'Connor M.D.
Address,	Maternité 15 N. Lombard St.
Remarks,	1897000 1263

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 181165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* Feb. 20th 1897.

4. *Place of Birth, (Street and Number)* #2. Putnam Ave's "Annex" 2nd ward.

5. *Full Name of Mother,* Alice Emerson Brown

6. *Mother's Maiden Name,* Alice Emerson Brown

7. *Mother's Birthplace,* Baltimore, Maryland.

8. *Full Name of Father,* James Richard Brown

9. *Father's Occupation* Salesman.

10. *Father's Birthplace,* Baltimore, Maryland.

Name of Medical Attendant, or other person who makes this Return, Annie O'Brien

Address, 902 Greenmount Ave

Remarks,

8970001264

W. J. C. Dulany Co., City Printers and Stationers

...register of such birth, and shall enter the same on blank ...Health. This schedule shall contain a list of the births ...month, and shall set forth as far as the same and occupation ...been conferred; its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 20, 1897.
4. Place of Birth, (Street and Number) 278 Rolandave.
5. Full Name of Mother, Ella May Williams.
6. Mother's Maiden Name, Eichenaur.
7. Mother's Birthplace, Md.
8. Full Name of Father, Alfred Williams.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1897 0001265

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 5-20-66

RETURN OF A BIRTH. 81167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELSIE GRACE COLEMAN

No of Child of Mother, (state whether 1st, 2d, 3d, &c) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 20th 1897
4. *Place of Birth, (Street and Number)* 1507 Aisquith st
5. *Full Name of Mother,* Emma M. Coleman
6. *Mother's Maiden Name,* Emma M. Stockman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Robert Coleman
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Statson

Address, 1501 N. Central Ave

Remarks,

8970001266

Wm J C. Dulany Co., City Printers and Stationers.

the child, if any shall have
the first and
child
person be in
such
section shall be sub-
are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

Over

RETURN OF A BIRTH. 81168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st of twins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2

1. Sex, (state whether male or female) Males. (1st twin - Joseph McCleary)
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 20, 1897.
4. Place of Birth, (Street and Number) 705 35½ St.
5. Full Name of Mother, Elizabeth Gertrude McCleary.
6. Mother's Maiden Name, Mick.
7. Mother's Birthplace, Delaware.
8. Full Name of Father, Charles Edward McCleary.
9. Father's Occupation Engineer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, Twins.

8970001267

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...upation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or prac... ...attendance upon the mother, immediately thereafter it sh... ...child to report its birth to the Commissioner of Health, in t... ...r practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comp... ...o comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offence, to be re... ...o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21st '97
4. Place of Birth, (Street and Number) 105 Pleasant St
5. Full Name of Mother, Mrs Mary Burns
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mr Burns
9. Father's Occupation Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, John H. O'Connor M.D.

Address, Maternite 15 W. Lombard St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0001268

GIVEN NAME ADDED 1-17-59

RETURN OF A BIRTH 81170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maybelle Robinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Feb 21st 1897
4. Place of Birth (Street and Number), 402 Orchard Street
5. Full Name of Mother, Mary Oretta Robinson
6. Mother's Maiden Name, Mary P Beckett
7. Mother's Birthplace, Harford County Md.
8. Full Name of Father, Bay Robinson
9. Father's Occupation, Painter
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return. W Magdalene Warner M.D.

Address, 410 E Lanvale Street West

Remarks,

...ltimore Publishing Co., City Printers and Stationers

...ed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970001269

[1236.]

RETURN OF A BIRTH. 81171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Elizabeth Marie Cook. Third.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	Feb. 21, 1897.
4. *Place of Birth, (Street and Number)*	407 Little Monument Street, City.
5. *Full Name of Mother,*	Emma Cook Emma Boswell,
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland,
8. *Full Name of Father,*	Joseph Cook,
9. *Father's Occupation*	Coachman,
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other person who makes this Return,	J. C. Simpson M.D.
Address,	Md. Gen. Hosp.
Remarks,	GIVEN NAME ADDED 3-23-54 g.m.

8970001270

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 81172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 21 1897
4. *Place of Birth, (Street and Number)*	1514 Windsor Ave.
5. *Full Name of Mother,*	Annie Rebman
6. *Mother's Maiden Name,*	" Lucker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Rebman
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Charles H Bubert
Address,	1928 Penna Ave
Remarks,	

The Physician or Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970001271

1236.]

RETURN OF A BIRTH. 81173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 21st
4. *Place of Birth, (Street and Number)* 1832 Fedhrmount Ave
5. *Full Name of Mother,* Johanne Kilmers
6. *Mother's Maiden Name,* Hildenstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Kilmers
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H Brown Midwife

Address, 1922 E Fayette Street

Remarks,

8 9 7 U 0 0 1 2 7 2

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 21st
4. *Place of Birth, (Street and Number)*	224 N Chappel Street
5. *Full Name of Mother,*	Mary Bibel
6. *Mother's Maiden Name,*	Dunbrop
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fitters Bibel
9. *Father's Occupation*	Tyilor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Horan Midwife
Address,	1922 E Fayette Street
Remarks,	

8970001273

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Commissioner of ... births which have occurred under his or her care during the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Commissioner of Health, within the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 21 15 99
4. *Place of Birth, (Street and Number)* 243 Fischer Ave East
5. *Full Name of Mother,* Alice E Myers
6. *Mother's Maiden Name,* Hofnagle
7. *Mother's Birthplace,* Carroll County
8. *Full Name of Father,* Luther Myers
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Carroll County

Name of Medical Attendant, or other person who makes this Return Martha E King

Address, 575 Fischer ave Hampden city

Remarks,

8970001274

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February 21st 1897

4. *Place of Birth, (Street and Number)* 1853 Ramsay St.

5. *Full Name of Mother,* Jennie Krauert

6. *Mother's Maiden Name,* Jennie Hilde

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* Samuel F. Krauert

9. *Father's Occupation* A Clerk

10. *Father's Birthplace,* Washington Dist. Under

Name of Medical Attendant, or other person who makes this Return, Dr. C. Keller

Address, 1922 Wilkens Ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897000127 5

GIVEN NAME ADDED 6-20-58

RETURN OF A BIRTH. 81177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maurice Glick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 21 1897
4. *Place of Birth, (Street and Number)* 108 S High St
5. *Full Name of Mother,* Minnie G Glick
6. *Mother's Maiden Name,* Mn Caplon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Glicke
9. *Father's Occupation* Smith,
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finnberg

Address, 95 Lloyd St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001276

The Physician or Midwife who shall neglect or refuse to report the birth of any child which may have occurred under his or her care during the period for which he or she is required by law to report, or who shall report any false statement touching any matter about which information is required by this schedule, or who shall refuse to answer any question herein set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 22 d 1897
4. Place of Birth, (Street and Number) 516 S. Gammon st
5. Full Name of Mother, Maggie Benson
6. Mother's Maiden Name, Maggie Pistal
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Benson
9. Father's Occupation Fireman Power House
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Dranhofer 241 Sou

Address, Washington st

Remarks, Mrd - Wife

6970001277

Wm. J. C. Dulany Co., City Printers and Stationers.

To be furnished by the Commissioner of ... to be filled out ... shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 525 N. Dallas St
4. *Place of Birth, (Street and Number)* Feb 22 97
5. *Full Name of Mother,* Ella Robinson
6. *Mother's Maiden Name,* " Foote
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Robinson
9. *Father's Occupation* Sawyer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walker St

Remarks,

8970001278

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 22d '97
4. Place of Birth, (Street and Number) 226 Chestnut St
5. Full Name of Mother, Mrs Mary Cecelia Hall
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mr — Hall
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor M.D.

Address, Maternite 115 W. Lombard St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001279

RETURN OF A BIRTH. 81181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 22nd 1897
4. *Place of Birth, (Street and Number)* 1119 E. Lexington St
5. *Full Name of Mother,* Lilie Rock Fehle
6. *Mother's Maiden Name,* Rock
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August Fehle
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr E B Button MD

Address, 1711 E Balto St

Remarks,

1897 0001280

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. 81182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 22d 1879
4. *Place of Birth, (Street and Number)* 1939 Fairmont Ave
5. *Full Name of Mother,* Sofia Gross
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Calman Gross
9. *Father's Occupation* Bartender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Boyle

Address, 205 N Washington St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 1 2 8 1

RETURN OF A BIRTH. 81183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 22nd 1897
4. *Place of Birth (Street and Number)* 340 E. 22nd St
5. *Full Name of Mother* Lizzie A. Milburn
6. *Mother's Maiden Name* [illegible] Brunker
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John H Milburn
9. *Father's Occupation* Civil Engineer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return Sam'l J Bell M.D

Address 314 N Eutaw St

Remarks

The Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

8 9 7 0 0 0 1 2 8 2

RETURN OF A BIRTH. 81184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 de

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col

3. *Date of Birth,* Feb 22nd 1897

4. *Place of Birth, (Street and Number)* 27 W. West St

5. *Full Name of Mother,* Mary Dickson

6. *Mother's Maiden Name,* Ruby Johnson

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* William Dickson

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Haywath Sprigg

Address, 1125 Race St Balto Md

Remarks,

1897 U 0001283

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED - 5/14/74

RETURN OF A BIRTH. 81185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FLORENCE MARGARET WEBER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 22d 1897
4. Place of Birth, (Street and Number) 220 N Wrapped Street
5. Full Name of Mother, Barbara Weber
6. Mother's Maiden Name, Rohm
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Weber
9. Father's Occupation Varnisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kern Midwife

Address, 1922 E Fayette Street

Remarks, Died 1897

8970001284

Wm. J. C. Dulany Co,. City Printers and Stationers.

The full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 22nd 1896.
4. Place of Birth, (Street and Number) No 585 Orchard St.
5. Full Name of Mother, Maria Sevens
6. Mother's Maiden Name, " Sevens
7. Mother's Birthplace, Essex Co Virginia
8. Full Name of Father, Henry Sevens
9. Father's Occupation Porter
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Myers

Address, No. 722. Bradley St City

Remarks,

The above schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

18970001285

1236.]

GIVEN NAME ADDED 12-15-65

RETURN OF A BIRTH. 81187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leonard Strauss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 22d 1897
4. Place of Birth, (Street and Number) 1408 Argyle Ave
5. Full Name of Mother, Maggie Strauss
6. Mother's Maiden Name, " " Dreibach
7. Mother's Birthplace, Balto City
8. Full Name of Father, Adolph Strauss
9. Father's Occupation Mechanic
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Julius E Hueck

Address, 647 W Lafayette Ave

Remarks,

8 9 7 0 0 0 1 2 8 6

been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissi shall occur without the attendance of a physician or practioner o attendance upon the mother, immediately thereafter it shall bec child to report its birth to the Commissioner of Health, in the man any such person or persons who shall hereafter fail to comply wi jected to the fine of ten (10) dollars for each offence, to be recovere

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-14-57

RETURN OF A BIRTH. 81188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Barnum Catling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 22/97
4. *Place of Birth, (Street and Number)* 2202 Beech av
5. *Full Name of Mother,* ~~Hannit~~ Ruth Patterson Catling
6. *Mother's Maiden Name,* Ruth Patterson Shaw
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Leonard Catling
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks,

8970001287

Wm. J. C. Dulany Co., City Printers and Stationers.

...d occupation of its parents, the date and place of birth; and the ...r the practitioner in the form of a certificate between the first and ...ice of the Commissioner of Health. In case the birth of any child ...cian or practioner of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...Health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ...ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 February
4. Place of Birth, (Street and Number) 1618 Lafayette Pl
5. Full Name of Mother, Anna Bonhag
6. Mother's Maiden Name, Bundmutter
7. Mother's Birthplace, Germ.
8. Full Name of Father, Georges Bonhag
9. Father's Occupation
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Eutaw St.

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001288

RETURN OF A BIRTH. 81190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 February
4. Place of Birth, (Street and Number) 1623 Clover place
5. Full Name of Mother, Lizie Thauper
6. Mother's Maiden Name, Thome
7. Mother's Birthplace, Germ.
8. Full Name of Father, Frederique Thauper
9. Father's Occupation =
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W Cent Av.

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001289

RETURN OF A BIRTH 81191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female Margaret Caroline
   A.D. 6/4/20
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb. 10th 1897
4. Place of Birth, (Street and Number) 1639 E. North Ave.
5. Full Name of Mother, Marie Bauernschmidt
6. Mother's Maiden Name, Marie Helling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bauernschmidt
9. Father's Occupation, Brewer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Lancey & Bonaday Jno
2 Dr. Monument & E

Address,

Remarks,

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1897 0001290

RETURN OF A BIRTH. 81192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23d 97.
4. *Place of Birth, (Street and Number)* 209-2- Biddle St.
5. *Full Name of Mother,* Annie Louise Rich
6. *Mother's Maiden Name,* Annie Louise Balderin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edw N. Rich.
9. *Father's Occupation.* attorney at Law.
10. *Father's Birthplace,* Balto Co md.

Name of Medical Attendant, or other person who makes this Return. Robt J. Wilson MD

Address, 820 Park ave.

Remarks,

8 9 7 0 0 0 1 2 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23rd 1897
4. Place of Birth, (Street and Number) 210 Fayette st
5. Full Name of Mother, Katie Virginia
6. Mother's Maiden Name, Katie Forrer
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred C Nies
9. Father's Occupation Machanic
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Disenhofer

Address, 24, South Washington st

Remarks, Mid - Wife

8970001292

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 23rd 1897
4. *Place of Birth, (Street and Number)* 2702 Risby St.
5. *Full Name of Mother,* Nettie Cora Heitzel
6. *Mother's Maiden Name,* Nettie Cora Hahtzel
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Jacob Heitzel
9. *Father's Occupation* Iron Stove Moulder
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury, M.D.

Address, 602 Oxford Ave.

Remarks,

8 9 7 0 0 0 1 2 9 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 81195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 14th 1897
4. *Place of Birth, (Street and Number)* 1703 Druid Hill ave
5. *Full Name of Mother,* Bertha Fisher
6. *Mother's Maiden Name,* Bertha Hamburger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abraham Fisher
9. *Father's Occupation,* Magistrate
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Clinton Austin MD

Address, 1701 Druid Hill ave

Remarks,

8 9 7 0 0 0 1 2 9 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 21 1897
4. *Place of Birth, (Street and Number)* 634 Lafayette Ave
5. *Full Name of Mother,* Maggie Gillooly
6. *Mother's Maiden Name,* Maggie Murray
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Gillooly
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return: C Urban Smith M D

Address, 170 Druid Hill Ave

Remarks,

8970008129

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, in the manner and within the time aforesaid, the name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur upon the Commissioner of Health, in the manner and within the period aforesaid, to report its birth to the who shall hereafter fail to comply with the provisions of this section shall be child to report its or persons who shall hereafter fail to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-14-62

RETURN OF A BIRTH. 81197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alice Maude Gaskin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23rd 1897
4. *Place of Birth, (Street and Number)* 227 S Green st
5. *Full Name of Mother,* Alice Gaskin
6. *Mother's Maiden Name,* Alice Katzenberger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Gray S Gaskin
9. *Father's Occupation* Druggist
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Achille Brooke

Address, No 1132 Warren st

Remarks,

8970001296

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23rd 1897
4. *Place of Birth, (Street and Number)* 525 E. Madison St
5. *Full Name of Mother,* Elizabeth Owens
6. *Mother's Maiden Name,* Elizabeth Dempsey
7. *Mother's Birthplace,* Cecil County Md
8. *Full Name of Father,* Frank. Owens
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Wales

Name of Medical Attendant, or other person who makes this Return, Annie O'Brien

Address, 902 Greenmount Ave

Remarks,

8970001297

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 23d 1897
4. *Place of Birth, (Street and Number)* 1812 N. Lexington Ave
5. *Full Name of Mother,* Mary Shilling
6. *Mother's Maiden Name,* Mary Shaul
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Shilling
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brune

Address, 1610 N. Chester st,

Remarks,

1897 00 01298

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23 [illegible]
4. Place of Birth, (Street and Number) 1619 Castle st
5. Full Name of Mother, Annie Means
6. Mother's Maiden Name, Annie Elie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Means
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1616 N Castle st

Remarks,

8970001299

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8/201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 23. / 2. 18. P. M. /
4. *Place of Birth, (Street and Number)* 118 Centre or Market Space,
5. *Full Name of Mother,* Maggie, Grace Connebaugh,
6. *Mother's Maiden Name,* Retalick,
7. *Mother's Birthplace,* Carrville - Md England.
8. *Full Name of Father,* Dennis, Jerome Connebaugh,
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanus / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

1 8 9 7 0 0 0 1 3 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...ns which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 81202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23th 1896
4. *Place of Birth, (Street and Number)* 952 Chapel St
5. *Full Name of Mother,* Mary Bench
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bench
9. *Father's Occupation* Oyster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Bafter

Address, 205 N. Washington St.

Remarks,

8970001301

Wm. J. C. Dulany Co,. City Printers and Stationers.

...This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascer... been conferred) its sex, color, the full name and occupati... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it s... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 81203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~618 N. Washington st~~ Feb. 23-'97
4. *Place of Birth, (Street and Number)* 618 N. Washington st
5. *Full Name of Mother,* Alice R. Shriner
6. *Mother's Maiden Name,* " " Douglass
7. *Mother's Birthplace,* Wicomico Co. Md.
8. *Full Name of Father,* Robert S. Shriner
9. *Father's Occupation* Machinest
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby

Address, 1219 N. Caroline st.

Remarks,

8970001302

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

GIVEN NAME ADDED 10-4-37

RETURN OF A BIRTH. 81204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joseph Paul Kobsa — 2 Third

1. Sex, (state whether male or female) — Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, — Feb 23-97
4. Place of Birth, (Street and Number) — 1724 Hanford Ave
5. Full Name of Mother, — Minnie A. Kobsa
6. Mother's Maiden Name, — " a Kress
7. Mother's Birthplace, — Germany
8. Full Name of Father, — Joseph F Kobsa
9. Father's Occupation — Cigar maker
10. Father's Birthplace, — Germany

Name of Medical Attendant, or other person who makes this Return, — Mrs Mary A. Allwell

Address, — 1438 N. Bond St

Remarks,

8970001303

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-18-63

RETURN OF A BIRTH. 81205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Gilbert

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	7.45 a.m. Feb. 23/97.
4.	*Place of Birth, (Street and Number)*	3 W. Montgomery St.
5.	*Full Name of Mother,*	Isabella Scarborough
6.	*Mother's Maiden Name,*	Isabella Mc Cleary
7.	*Mother's Birthplace,*	Baltimore, Md.
8.	*Full Name of Father,*	William Thomas Scarborough
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Baltimore, Md.
	Name of Medical Attendant, or other person who makes this Return,	E. C. Applegarth, M.D.
	Address,	8 E. Montgomery St.
	Remarks,	Normal. no puerperal trouble

8970001304

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 81206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 February 1897
4. Place of Birth, (Street and Number) Monroe St. 53 Baltimore
5. Full Name of Mother, Margaretha Schmidt
6. Mother's Maiden Name, geb. Geiger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Schmidt
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna E. Bendel

Address, 1914 West Pratt Str. City

Remarks,

8970001305

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 81207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 of February 1897
4. *Place of Birth, (Street and Number)*	807 Pensylvania ave
5. *Full Name of Mother,*	Mary Varhol
6. *Mother's Maiden Name,*	Mary Miko
7. *Mother's Birthplace,*	Austrian
8. *Full Name of Father,*	~~John Jacobs~~ Varhol
9. *Father's Occupation*	Shoe maker
10. *Father's Birthplace,*	Austrien
Name of Medical Attendant, or other person who makes this Return,	Luise Santora
Address,	1010 Durham str
Remarks,	

8970001306

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 24th 97
4. *Place of Birth, (Street and Number)* 620 Cedar Court
5. *Full Name of Mother,* Mrs Maggie Richison
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Mr Richison
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor M.D.

Address, Maternité 18 W. Lombard St

Remarks,

8970001307

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 81209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, ~~Jan~~ Feb. 24th 1899
4. Place of Birth, (Street and Number) 30 S. Carrollton Av.
5. Full Name of Mother, Annie Watkins
6. Mother's Maiden Name, McDonald
7. Mother's Birthplace, Harford Rd, Balto Co., Md
8. Full Name of Father, Howard Watkins
9. Father's Occupation Wagon Builder
10. Father's Birthplace, Howard Co. Md
Name of Medical Attendant, or other person who makes this Return, Jos. O. Snyder
Address, 1017 W. Lanvale St
Remarks, L. C. G. A.

8970001308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 24th 1897
4. *Place of Birth, (Street and Number)*	212 N Mount St
5. *Full Name of Mother,*	Mary Jane Burnham
6. *Mother's Maiden Name,*	Mary Jane Gilson
7. *Mother's Birthplace,*	Atlantic Ocean
8. *Full Name of Father,*	Walter Edsworth Burnham
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	G. W. Slater M.D.
Address,	1634 W Fayette St
Remarks,	

8 9 7 0 0 0 3 0 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 8/211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIII

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 24th 1897
4. *Place of Birth, (Street and Number)* 804 McDonogh St
5. *Full Name of Mother,* Helen Brown
6. *Mother's Maiden Name,* Cooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Whitman Brown
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. McDaniel M.D.

Address, Johns Hopkins Hospital Baltimore. Md.

Remarks,

8970001310

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8/2/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Feb 26/97
4. *Place of Birth*, (*Street and Number*)	44 So Schroder st
5. *Full Name of Mother*,	Katie Knell
6. *Mother's Maiden Name*,	" Maehan
7. *Mother's Birthplace*,	England
8. *Full Name of Father*,	Frank Knell
9. *Father's Occupation*,	Plumber
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. O'Hayer
Address,	924 Hollins st
Remarks,	

8 9 7 0 0 0 1 3 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/2/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Sister

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feby 24 1894

4. *Place of Birth, (Street and Number)* 548 Hanover Lane

5. *Full Name of Mother,* Mary Alice Nisl

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* William Theodore Nisl

9. *Father's Occupation* Stevedore

10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 545 Thickory Ave Hampden city

Remarks,

8970001312

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-27-49

RETURN OF A BIRTH 81214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Blanche Steppacher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~Feb~~ Feb 24th 1897
4. Place of Birth, (Street and Number) 1626 McCulloh St.
5. Full Name of Mother, Helen Steppacher
6. Mother's Maiden Name, Helen Westheimer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Steppacher Steppacher
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C Urban Arnold MD

Address, 1701 Druid Hill ave

Remarks,

8970001313

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 81215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24/97
4. Place of Birth, (Street and Number) 1527 W Lanvale st City
5. Full Name of Mother, Jamie E. Boswell
6. Mother's Maiden Name, Jamie E Ware
7. Mother's Birthplace, Charles Co Md
8. Full Name of Father, John F Boswell
9. Father's Occupation Sheet Iron Worker
10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return, M.R. Dunster

Address, 2 E Mt Royal Terrace

Remarks,

8970001314

Wm. J. C. Dulany Co., City Printers and Stationers.

months which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 81216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 24, 1894.
4. Place of Birth, (Street and Number) 48 E. 26th st.
5. Full Name of Mother, Mary Ellen Kilpatrick.
6. Mother's Maiden Name, Worsdell.
7. Mother's Birthplace, Md.
8. Full Name of Father, Thomas Henry Kilpatrick.
9. Father's Occupation Conductor - Electric car.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 1 3 1 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24th
4. Place of Birth, (Street and Number) 203 Kassiner st
5. Full Name of Mother, Maggie Fraser
6. Mother's Maiden Name, Mary Pfister
7. Mother's Birthplace, Germany
8. Full Name of Father, George Fraser
9. Father's Occupation Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Alex Brown

Address, 1640 N

Remarks,

8970001316

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 24 1897
4. *Place of Birth, (Street and Number)* 115 Lemmon St
5. *Full Name of Mother,* Sadie V Silby
6. *Mother's Maiden Name,* Sadie V Richardson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm O A Silby
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. A Keller

Address, 1122 Walbrook Ave

Remarks,

8970001317

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 81219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th 24, 1897.
4. *Place of Birth, (Street and Number)* 2437 Monument St
5. *Full Name of Mother,* Annie Mathia
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Clearmaine
8. *Full Name of Father,* Andrue Mathia
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Hospital

Address, 705 N Washington Ave

Remarks,

8970001318

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 Jan 1911
4. *Place of Birth, (Street and Number)* 429 E. Centre alley
5. *Full Name of Mother,* Lena Dick
6. *Mother's Maiden Name,* Knight
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Dick
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Mary

Address, 202 E Lexington

Remarks,

8 9 7 0 0 0 1 3 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 February
4. Place of Birth, (Street and Number) 1618 Durham st
5. Full Name of Mother, Kate Evans
6. Mother's Maiden Name, Kate Chaillou
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Evans
9. Father's Occupation Carpenter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Carl Av.

Remarks.

8 9 7 U 0 0 1 3 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Howard Parthree

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 25 '97
4. Place of Birth, (Street and Number) 70 Ensor St
5. Full Name of Mother, Annie (Carter) Parthree
6. Mother's Maiden Name, " Hayward
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Johan (Carter) Parthree
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 1 3 2 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the ~~white~~ race) White
3. Date of Birth, February 25th 1897
4. Place of Birth, (Street and Number) 710 North Eden st
5. Full Name of Mother, Mary W Fiddler
6. Mother's Maiden Name, Mary W Feller
7. Mother's Birthplace, Balto
8. Full Name of Father, George W Fiddler
9. Father's Occupation Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Katherine Dienhofer 241 South Washington st

Remarks, Mid - Wife

18970001322

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2nd Feb 1897
4. Place of Birth, (Street and Number) 734 E Fort Ave
5. Full Name of Mother, Ella Wagner
6. Mother's Maiden Name, Hartlove
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Wagner
9. Father's Occupation Hammer Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agenveld

Address, 650 E Fort Ave

Remarks,

8970001323

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Afro Amer
3. Date of Birth, Feb 25 / 1897
4. Place of Birth, (Street and Number) Balto 1102 Wilmer Alley
5. Full Name of Mother, Nellie Jefferson
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Balto md
8. Full Name of Father, Nat. Jefferson
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return, J. M. Carjile M.D.

Address, 430 N Bradc Street

Remarks,

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1897 0001324

GIVEN NAME ADDED 4-6-50

RETURN OF A BIRTH. 81226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Minnie M. Fox

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 Feb
4. *Place of Birth, (Street and Number)* 9 E Randall
5. *Full Name of Mother,* Annie Fox
6. *Mother's Maiden Name,* Annie Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fox
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M Minnick

Address, 800 Leadenhall Street.

Remarks,

1897 0001325

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 25th 1897
4. *Place of Birth, (Street and Number)* 1017 Clarist St
5. *Full Name of Mother,* Mary E Johnson
6. *Mother's Maiden Name,* Wade E Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm S Catlett

Address, 1922 Shellmore Ave

Remarks,

8970001326

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1286.]

RETURN OF A BIRTH. 81228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* February 25 1892

4. *Place of Birth,* (*Street and Number*) No. 1600 E. Lanvale St.

5. *Full Name of Mother,* Fannie Flaskurt

6. *Mother's Maiden Name,* Fannie Fiend

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Alfred W. Flaskurt

9. *Father's Occupation* Mattress

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. A. Edwards M.D.

Address, 1241 Harlem Ave

Remarks,

8970001327

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. Any midwife or other person practicing midwifery in the City of Baltimore, who shall neglect or refuse to comply with the provisions of this section, and ordained that every person practicing midwifery in the City of Baltimore, who shall neglect or refuse to comply with the provisions of this section, shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offence, and every physician or practitioner of midwifery who shall neglect or refuse to make the return required by this section, or who shall refuse to receive any fee for making such return, or who shall demand or receive any fee or reward for making such return, shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Duty of Physician or Midwife. Every physician or midwife who shall have charge or supervise attendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th of Feb. 1897
4. *Place of Birth, (Street and Number)* 1826 E. Federal St.
5. *Full Name of Mother,* Bertha Elisabeth Kossman
6. *Mother's Maiden Name,* " " Mueller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin G. Kossman
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. D. Drewes. Mid-Wife.

Address, 1625 Hopkins Ave.

Remarks,

8970001328

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in the City of ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236 J

GIVEN NAME ADDED 4-6-56

RETURN OF A BIRTH. 812 30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Edward ~~Schruffer~~ 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Feb 4 — 1897
4. Place of Birth, (Street and Number) 21 Mandison St Homestead
5. Full Name of Mother, Mary C. Schruffer
6. Mother's Maiden Name, " " Burgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George J. Schruffer
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly — Baltimore Md

Remarks,

8970001329

Wm. J. C. Dulany Co., City Printers and Stationers.

...have occurred under his or her care during the ...the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 81231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 20- 1897
4. *Place of Birth, (Street and Number)* 509 Madison St Waverly
5. *Full Name of Mother,* Amanda L. Kahlenstein
6. *Mother's Maiden Name,* " " McCalloh-
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abraham Kahlenstein
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly-

Remarks, Balto. Md.

8970001330

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 81232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23 - 1897
4. Place of Birth, (Street and Number) 133 Old York road Waverly
5. Full Name of Mother, Annie Little
6. Mother's Maiden Name, " Kistler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Little
9. Father's Occupation Provision dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly Baltimore

Remarks, 1897000133 1 md

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 20th 1897
4. *Place of Birth, (Street and Number)*	224 N. Dayton
5. *Full Name of Mother,*	Kate Becker
6. *Mother's Maiden Name,*	Kate Mehring
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Louis Becker
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Kenney & Barclay 1st 2nd Dr. Mommendahl
Address,	
Remarks,	

8970001332

The Mother, Father, Physician, Midwife, Householder, Nurse or other person having knowledge of the birth of a child, shall report the same to the Registrar of Vital Statistics within five days after the birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on the records of his office. Any midwife who shall neglect or refuse to report to the Commissioner of Health the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~*)* -4-

1. *Sex, (state whether male* ~~*or female*~~*)* male-
2. *Race or Color, (*~~*if not of the white race*~~*)* Colored
3. *Date of Birth,* Feb 25-1897 at 20 Minutes of 1. a.m
4. *Place of Birth, (Street and Number)* 501- North Central ave-
5. *Full Name of Mother,* Laura B. Johnson
6. *Mother's Maiden Name,* ---------- Parker
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William-H Johnson
9. *Father's Occupation* Lumber wagon Driver
10. *Father's Birthplace,* Baltimore City - M.d.

Name of Medical Attendant, or other person who makes this Return, Josephine-Amos-Cooper

Address, 920 Shuter Street-

Remarks, Mother and Child is well

Balto City Nov 1 1933

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Colored Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 of Feb
4. *Place of Birth, (Street and Number)* 622 Warner Street
5. *Full Name of Mother,* Harriet Lynn
6. *Mother's Maiden Name,* Harriet Ross
7. *Mother's Birthplace,* Kent Island
8. *Full Name of Father,* Reuben Lynn
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Orillar Brooks

Address, 1182 Warner Street

Remarks, Mother is well as can be expected

1897000 1334

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25th 1897
4. Place of Birth, (Street and Number) 512 N. Patterson Park Ave
5. Full Name of Mother, Augusta Becker
6. Mother's Maiden Name, Augusta Wagner
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Becker
9. Father's Occupation Plasterer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. Dienhofer

Address, 241 South Washington St.

Remarks, Amid - Wife

$ 8970001335

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81.237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 25th '97
4. *Place of Birth, (Street and Number)*	115 W. Lombard St.
5. *Full Name of Mother,*	Mrs. Anna Barnes
6. *Mother's Maiden Name,*	Anna Smith
7. *Mother's Birthplace,*	Ky.
8. *Full Name of Father,*	J. W. Barnes
9. *Father's Occupation*	Traveller
10. *Father's Birthplace,*	Ky.
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	
Remarks,	

8970001336

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 25 of February 1897

4. Place of Birth, (Street and Number) No 9210 E. Fairmount Ave

5. Full Name of Mother, Bridget Byron

6. Mother's Maiden Name, Bridget Walsh

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Byron

9. Father's Occupation Laborer

10. Father's Birthplace, South Wales

Name of Medical Attendant, or other person who makes this Return, Mrs C. Lawn

Address, No 1059 Hanford Ave

Remarks, Bal. Md

1897

8970001337

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every person who shall be present at the birth of any child, or who shall be informed of the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) D. d =

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 February 97

4. Place of Birth, (Street and Number) 709 S. Dealer St.

5. Full Name of Mother, Catherine Blanker

6. Mother's Maiden Name, Catherine Bartner

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, F. W. Blanker

9. Father's Occupation Sign Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Adlagunde Schleiger

Address, 734 S. E. Peater St

Remarks,

1897000 1338

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	1454 Towsend St
3. *Date of Birth,*	Feby 26/97
4. *Place of Birth, (Street and Number)*	1454 Towsend St
5. *Full Name of Mother,*	Mrs Wm Ellis
6. *Mother's Maiden Name,*	Ellen Comer
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Wm Ellis
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann Comer
Address,	1112 Hanbert St
Remarks,	

8970001339

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of each child, if any shall have
occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner, to the office of the C
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if ~~not of the~~ white race)
3. Date of Birth, Feb. 26th 1897.
4. Place of Birth, (Street and Number) Bact Univ Maternity
5. Full Name of Mother, Annie Thomas
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Thomas Edward
9. Father's Occupation Unknown
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Henry J. Hinton M. D.

Address, Bact Univ Hospital.

Remarks,

1897 0001340

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

births which have occurred under his or her care during the
ascertained the full name of each child, (if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 26th
4. *Place of Birth, (Street and Number)* 1162 Low St
5. *Full Name of Mother,* Mary E. Volk
6. *Mother's Maiden Name,* Mary E. Iser
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Volk
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Hamilton M D

Address, 700 E Baltimore St city

Remarks,

8770001341

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if ~~colored~~ the white race) White
3. Date of Birth, February 26th 1897
4. Place of Birth, (Street and Number) 1108 E Curley st
5. Full Name of Mother, Annie (Bear) Behr
6. Mother's Maiden Name, Annie (Smith) Schmittill
7. Mother's Birthplace, Balto
8. Full Name of Father, Jake (Bear) Behr
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Katherine Dreinhofer 241 S. Washington st

Remarks, Md — Wife Name of child Georgianda Behr

B 97 U 001342

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 26th '97
4. Place of Birth, (Street and Number) 323 W. Hamburg St
5. Full Name of Mother, Mrs May Burley
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mr — Burley
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor M.D.

Address, Maternity 115 W. Lombard St.

Remarks,

8970001343

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 26th 1897
4. *Place of Birth, (Street and Number)* 1735 Orleans St.
5. *Full Name of Mother,* Rose Smith
6. *Mother's Maiden Name,* " Davis
7. *Mother's Birthplace,* Matthews Co. Va
8. *Full Name of Father,* Ernistad Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Matthews Co. Va

Name of Medical Attendant, or other person who makes this Return, Wm. H. Dabney, M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 1 3 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 26/97.
4. Place of Birth, (Street and Number) 309 N. Green St—
5. Full Name of Mother, Evelyn Westlake Wilmer.
6. Mother's Maiden Name, Evelyn Westlake.
7. Mother's Birthplace, Indiana, Pa., June 16, 1860.
8. Full Name of Father, Samuel Gaskins Wilmer.
9. Father's Occupation, Reporter and Editor.
10. Father's Birthplace, Baltimore, Md., December 3, 1857.

Name of Medical Attendant, or other person who makes this Return, R. H. Lawton M.D.

Address, 1136 N. Eutaw St—

Remarks,

1897 0001345

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 81247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIIf

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 20th 1897
4. *Place of Birth, (Street and Number)* 105 N. Bradford St
5. *Full Name of Mother,* Louise M. Hughes
6. *Mother's Maiden Name,* " - Huffman
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Wm R. Hughes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Sidebury M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 1 3 4 6

RETURN OF A BIRTH. 8/248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26 Fr
4. *Place of Birth, (Street and Number)* Pinkney Place near Greenmount Ave
5. *Full Name of Mother,* Maggie Fraber
6. *Mother's Maiden Name,* Maggie Kaiser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Fraber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bass

Address, 1600 N. Eutaw st,

Remarks,

8970001347

Wm. J. C. Dulany Co,. City Printers and Stationers.

Record of births shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Twenty-Sixth of February. 1897
4. *Place of Birth, (Street and Number)* 1402 N. Pearl St.
5. *Full Name of Mother,* Louise M. Conway.
6. *Mother's Maiden Name,* " " Ockuland
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Frank George Conway.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Hunter

Address, 23 W. Baltimore St.

Remarks,

8 4 7 0 0 0 1 3 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 81250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 26-97
4. *Place of Birth, (Street and Number)*	1228 N Longford St
5. *Full Name of Mother,*	Anna Elizabeth
6. *Mother's Maiden Name,*	Anna Yost
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William Elizabeth
9. *Father's Occupation*	Jeweller.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Henry Boyd
Address,	617 Eutaw Pl
Remarks,	

8970001349

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 26. / 6.30. P M /
4. *Place of Birth, (Street and Number)* 1625 St. Joseph's Street.
5. *Full Name of Mother,* Henriette Baker,
6. *Mother's Maiden Name,* Sudbrink.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* David Baker,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs M. Lasure / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8970001350

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 February
4. *Place of Birth, (Street and Number)* 1016 Hilling St
5. *Full Name of Mother,* Kate Schlier
6. *Mother's Maiden Name,* Fach
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jos. Schlier
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellis

Address, 302 E Lexington St

Remarks,

8970001351

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 81253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 2 1875
4. *Place of Birth, (Street and Number)* 4 alley St
5. *Full Name of Mother,* Mollie Caulk
6. *Mother's Maiden Name,* Francis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Caulk
9. *Father's Occupation* Lithographer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Neil Blum

Address, Oliver St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970001352

month, and shall set forth as far as the same can been conferred) its sex, color, the full name and said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	26 Februar.
4. *Place of Birth, (Street and Number)*	1421 Beason St.
5. *Full Name of Mother,*	Anna Frei
6. *Mother's Maiden Name,*	" Lizinger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Heinrich Frei
9. *Father's Occupation,*	Shoe Dealer.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Kath. Wilson.
Address,	1331 Hull St Locust Point
Remarks,	

8970001353

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb 27th 1897 927 Park Avenue City
4. Place of Birth (Street and Number),
5. Full Name of Mother, Ida Agnes Whyte
6. Mother's Maiden Name, Ida Agnes Dodd
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Gilmer H. Whyte
9. Father's Occupation, Clerk
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, 410 Eastland Street, City

Remarks,

1 0 9 7 0 0 0 1 3 5 4

Baltimore Publishing Co., City Printers and Stationers

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 27th 1897
4. Place of Birth, (Street and Number) No 823 Walnut St
5. Full Name of Mother, Annie Crane
6. Mother's Maiden Name, " Williams
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Crane
9. Father's Occupation Porter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return Mrs F. Myers

Address, No. 722 Bradley St

Remarks,

+ 84700001355

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th February 1897
4. *Place of Birth, (Street and Number)* No 136 S Andrew St. L P
5. *Full Name of Mother,* Anna Reasler
6. *Mother's Maiden Name,* Majeski
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* August Reasler
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffer

Address, No 708 E Fayette L P

Remarks,

8 9 7 0 0 0 1 3 5 6

Wm. C. Dulany Co., City Printers and Stationers.

...been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 8/258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th & 11th.

1. *Sex, (state whether male or female)* Male & Female.
2. *Race or Color, (if not of the white race)* Negro.
3. *Date of Birth,* Feb 27 1897
4. *Place of Birth, (Street and Number)* 2305 Monis St.
5. *Full Name of Mother,* Eliza Scott
6. *Mother's Maiden Name,* Eliza Ross.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm Scott.
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Arthur H Herring M.D.

Address, 2039 McCulloh St.

Remarks, Twins.

8970001357

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 27th 1897
4. *Place of Birth, (Street and Number)* 545 Monroe St. City
5. *Full Name of Mother,* Annie M. Lowe
6. *Mother's Maiden Name,* Annie M. Mills
7. *Mother's Birthplace,* Dorchester Co. Md
8. *Full Name of Father,* George Lowe
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Dedley

Address, 1004 West Lexington St.

Remarks,

8970001358

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/2601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 12th
4. Place of Birth, (Street and Number) 413. N Collington Ave
5. Full Name of Mother, Mary E. Bullock
6. Mother's Maiden Name, Mary E. Mallery
7. Mother's Birthplace, Balto
8. Full Name of Father, Edwin B. Bullock
9. Father's Occupation Policeman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return C. N. Athey.

Address, 2. Hendon st. City

Remarks.

8970001359

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 13th 97
4. *Place of Birth, (Street and Number)*	# 2919 Hudson st
5. *Full Name of Mother,*	Katie Finnegan
6. *Mother's Maiden Name,*	" Hoopf
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Owen Finnegan
9. *Father's Occupation*	
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	C. N. Athey
Address,	2. Hudson st
Remarks,	

8970001360

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feby 28th 1897 -
4. *Place of Birth, (Street and Number)* 337 - W. 2[1]st St
5. *Full Name of Mother,* Laura Caulk Lang -
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore -
8. *Full Name of Father,* Lewis R. Lang.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John K. Grimes

Address, 2100 - Maryland Ave

Remarks,

8970001361

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

This schedule, to be furnished by the Commissioner of Health, this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RM 1236.]

RETURN OF A BIRTH. 81263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 28th 97.
4. *Place of Birth, (Street and Number)* 1637 E Fayette St.
5. *Full Name of Mother,* Annie H. Pelture.
6. *Mother's Maiden Name,* Annie H Leinderman
7. *Mother's Birthplace,* Wilmington Del.
8. *Full Name of Father,* Charles H Pelture.
9. *Father's Occupation* Tin + Sheet Iron Worker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, H. L Hughes M.D.

Address, 1523 E Balto St.

Remarks, 7 Months Uterо Gestation

8 9 7 0 0 0 1 3 6 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 28th 11
4. *Place of Birth, (Street and Number)*	Baltimore 1123 Hull St
5. *Full Name of Mother,*	Kate Coughlin
6. *Mother's Maiden Name,*	Kate McMulty
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Lawrence Coughlin
9. *Father's Occupation*	Labourer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Ettel
Address,	167 Cuba St
Remarks,	

8 9 7 0 0 0 1 3 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 28th 97
4. *Place of Birth, (Street and Number)* 911 Ramsay St.
5. *Full Name of Mother,* Annie Goodeman
6. *Mother's Maiden Name,* Annie Lawless
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Goodeman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. Ode. M.D.

Address, 1203 N. Fayette St

Remarks,

847U0001364

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 81266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Mary Greenbaum

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 28 1897
4. Place of Birth, (Street and Number) 234 S. Ellen St
5. Full Name of Mother, Molley Greenbaum
6. Mother's Maiden Name, Molley Grallman
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Greenbaum
9. Father's Occupation Book Binder
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finkelberg

Address, 25 Lloyd St

Remarks,

8 9 7 0 0 0 1 3 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1336

RETURN OF A BIRTH. 81267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28. 1897.
4. Place of Birth, (Street and Number) 1812 Ashland Ave.
5. Full Name of Mother, Barbora Kulka
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Peter Kulka
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopish

Address, 205 N Washington St

Remarks,

8970001366

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 8268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 27 1897
4. *Place of Birth, (Street and Number)* Old Frederick road
5. *Full Name of Mother,* Christina machon
6. *Mother's Maiden Name,* barnmann
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Ernest
9. *Father's Occupation* tailor
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs Otto Bleun

Address, colvin st

Remarks,

8 4 7 0 0 0 1 3 6 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Sec. 1236.]

e births which have occurred under his or her care during the
by the Commissioner of
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 2d, 1897
4. *Place of Birth, (Street and Number)* 208 S Payson St.
5. *Full Name of Mother,* Eva A Anderson
6. *Mother's Maiden Name,* " " Hussman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas P Anderson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Crumpain

Address,

Remarks,

8970001368

Wm. J. C. Dulany Co,. City Printers and Stationers.

1233.]

RETURN OF A BIRTH. 81270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irene Diven

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 4/97

4. Place of Birth, (Street and Number) 1313 Wyoth ave

5. Full Name of Mother, Ida Diven

6. Mother's Maiden Name, " Zimmerman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos M Diven

9. Father's Occupation Wood Moner

10. Father's Birthplace, Michigan

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin M.D.

Address, 414 S Paca St.

Remarks,

8970001369

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ths which have occurred under his or her care during the ...ascertained the full name of each child, (if any shall have ...upation of its parents, the date and place of birth; and the ...ractitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practitioner of midwifery, or should no other person be in ...r it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable.

M 1336.]

RETURN OF A BIRTH. 8/3 71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb. 6/71
4. Place of Birth, (Street and Number) 841. S. Paca St.
5. Full Name of Mother, Lizzie James.
6. Mother's Maiden Name, " J Harrison
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Samuel I. James
9. Father's Occupation Farmer Clerk.
10. Father's Birthplace, Anarundel Co Md

Name of Medical Attendant, or other person who makes this Return, Thos M Lemprière M.D.

Address, 412 S Paca St

Remarks,

8970001370

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 1897
4. Place of Birth, (Street and Number) 1331 Calhoun St.
5. Full Name of Mother, Jane Davenport
6. Mother's Maiden Name, Virginia
7. Mother's Birthplace, Virginia Davenport
8. Full Name of Father, Virginia Davenport
9. Father's Occupation Labour
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Diana Jones

Address, 1331 Calhoun St

Remarks,

8970001371

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 1 1893
4. *Place of Birth, (Street and Number)* 546 Preston St
5. *Full Name of Mother,* Ellen Anderson
6. *Mother's Maiden Name,* Ellen Green
7. *Mother's Birthplace,* Hardrad County
8. *Full Name of Father,* Wellman Anderson
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Hester Outlaw

Address, 579 Preston St

Remarks,

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970001372

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 3 to 1897
4. *Place of Birth, (Street and Number)* 741 Howard St
5. *Full Name of Mother,* Mary E Turner
6. *Mother's Maiden Name,* Mary Rockside
7. *Mother's Birthplace,* Richmond City Va
8. *Full Name of Father,* Henry Turner
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* King George City Va

Name of Medical Attendant, or other person who makes this Return, Chester Colaner

Address, 509 Preston St

Remarks,

18970001373

...ulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One 1897

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 18 day off February
4. *Place of Birth, (Street and Number)* 1540 argyle ave
5. *Full Name of Mother,* Jennie Lend Baymond
6. *Mother's Maiden Name,* Jennie Lend Holmes
7. *Mother's Birthplace,* Essex Co Virginia
8. *Full Name of Father,* Warren M Baymond
9. *Father's Occupation* Water man.
10. *Father's Birthplace,* Westmoreland Co Virginia

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Walcott Street

Remarks,

8970001374

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 20 Sept 1891
4. *Place of Birth, (Street and Number)* 207 Preston St
5. *Full Name of Mother,* Emma Green
6. *Mother's Maiden Name,* Emma Booth
7. *Mother's Birthplace,* Centreville Md
8. *Full Name of Father,* William Green
9. *Father's Occupation* ~~West River Md~~ Laboring
10. *Father's Birthplace,* ~~Hastings~~ West River Md

Name of Medical Attendant, or other person who makes this Return, Hester Gaines

Address, 589 Preston St

Remarks,

8970001375

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 20 Feb 1917
4. *Place of Birth, (Street and Number)* 1009 Etting St
5. *Full Name of Mother,* Mary E Addison
6. *Mother's Maiden Name,* Mary E Harshel
7. *Mother's Birthplace,* Charles County
8. *Full Name of Father,* James Addison
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Fairfax Va

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 519 Preston St

Remarks,

8 9 7 0 0 0 1 3 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1/20/64

RETURN OF A BIRTH. 81278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Juanita Sophia ~~Johns~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 25th 1897
4. Place of Birth, (Street and Number) 1356 N. Fremont Ave.
5. Full Name of Mother, Mabel Johns
6. Mother's Maiden Name, Mabel Brown
7. Mother's Birthplace, St. Paul Minn.
8. Full Name of Father, Ellsworth Johns
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 N. Harcourt St.

Remarks,

8970001377

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.*

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 27 1896
4. *Place of Birth, (Street and Number)* 1614 Pleasant St
5. *Full Name of Mother,* Rosa Conway
6. *Mother's Maiden Name,* Rosa Thompson
7. *Mother's Birthplace,* Baltimore Co md
8. *Full Name of Father,* Isaac Conway
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Lancaster Co Pa

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whitehall St

Remarks,

1 8 9 7 0 0 0 1 3 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 81280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 4th 1897.
4. *Place of Birth, (Street and Number)* Cor Park & Nicholson St N.E. Annex
5. *Full Name of Mother,* Mary Ziegler
6. *Mother's Maiden Name,* Ebert
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frederick W Ziegler
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, S. H Selzer M.D.

Address, 1521 N Eager St

Remarks,

8 9 7 0 0 0 1 3 7 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

Form 1236.]

RETURN OF A BIRTH. 81281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 5- 1897
4. *Place of Birth, (Street and Number)*	1 H 16
5. *Full Name of Mother,*	Hilda Gayer
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	J W Gibson
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Gro W Dobbin
Address,	
Remarks,	

8 9 7 0 0 0 1 3 8 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 8/285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 9th 1897
4. *Place of Birth, (Street and Number)* 230 N Bond St.
5. *Full Name of Mother,* Bertha Chessler
6. *Mother's Maiden Name,* Isaacs
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph G Chessler
9. *Father's Occupation* Liquor dealer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. W. Schluer M. D.

Address, 1501 E. Eager St

Remarks,

8970001381

Rem. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 8/283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb 10 1897
4. Place of Birth, (Street and Number) 1st 18
5. Full Name of Mother, Ada Pierce
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joseph Pulle
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

8 7 0 0 0 1 3 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 81284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, Apr 12 97
4. Place of Birth, (Street and Number) 1 H St
5. Full Name of Mother, Grace Granberry (GRANBERY)
6. Mother's Maiden Name, Grace Martin
7. Mother's Birthplace, Govanstown
8. Full Name of Father, Wm B Granberry
9. Father's Occupation Book keeper
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Doblin M.D.

Address,

Remarks,

8 9 7 0 0 0 1 3 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[FORM 1236.]

RETURN OF A BIRTH. 81285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb 12 1897
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Edith Harris
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, J. Jackson
9. Father's Occupation Barber
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Geo W Robertson

Address, The Johns Hopkins Hospital

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 1 3 8 4

Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the ~~white~~ race)* White
3. *Date of Birth,* Feb. 17th, 1897
4. *Place of Birth, (Street and Number)* 517 Broadway Ave
5. *Full Name of Mother,* Sallie Jane Lytle
6. *Mother's Maiden Name,* Hankins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Thomas Lytle
9. *Father's Occupation* Seaman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Walter Belgiano

Address, 2020 N. Charles St.

Remarks,

8970001385

Wm. J. C. Dulany Co., City Printers and Stationers.

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 81287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 17 1897
4. *Place of Birth, (Street and Number)* J H H
5. *Full Name of Mother,* Bettie Herpts
6. *Mother's Maiden Name,* Bettie Uhfelder
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Herman Herpts
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin MD

Address,

Remarks,

8 9 7 0 0 0 1 3 8 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

Rule. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[M 1236.]

RETURN OF A BIRTH. 81288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 20th 94
4. *Place of Birth, (Street and Number)* 120 S Stockton ave
5. *Full Name of Mother,* Christina Krause
6. *Mother's Maiden Name,* Philipsi
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John C Krause
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other person who makes this Return, S A. Selzer M. D.

Address, 1501 N. Eager St.

Remarks,

8470001387

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 81289

GIVEN NAME ADDED 10-11-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alfred ~~George~~ Nagengast

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 23rd 1897
4. Place of Birth, (Street and Number) 2001 E. Monumental
5. Full Name of Mother, Catherine Nagengast
6. Mother's Maiden Name, Franz
7. Mother's Birthplace, Balto
8. Full Name of Father, George Nagengast
9. Father's Occupation Frame Former
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Seldus M. D.

Address, 1501 E. Eager St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8470001388

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1230.]

RETURN OF A BIRTH. 81290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th 1897
4. Place of Birth, (Street and Number) E. Valley St. Waverly
5. Full Name of Mother, Emma L. Kurtz
6. Mother's Maiden Name, Herbert
7. Mother's Birthplace, Balto. County
8. Full Name of Father, George H. Kurtz
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, L. H. Seldner M.D.

Address, 1301 E. Eager St

Remarks,

8 7 7 0 0 0 1 3 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81291

GIVEN NAME ADDED 11-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sabina Flynn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 25-1897.
4. Place of Birth, (Street and Number) 128 E. Hughes Street.
5. Full Name of Mother, Lizzie A Flynn.
6. Mother's Maiden Name, Lizzie A Concannon.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Flynn.
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Taylor

Address, 41 Guilford Alley

Remarks, Midwife

8 4 7 0 0 0 1 3 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81292

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Peter Anthony Lion

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 day of Febuari 97
4. Place of Birth, (Street and Number) 1001 Ashland Ave
5. Full Name of Mother, ~~Caterina~~ Lion Maria Coterina Montemurro
6. Mother's Maiden Name, M. ~~Ca~~terina Lion
7. Mother's Birthplace, Marsicovetre, Bazilicata Italy
8. Full Name of Father, Peter Antonio Lion
9. Father's Occupation, Farmer
10. Father's Birthplace, S. Donato Valdecamino, Cozenza Italy

Name of Medical Attendant, or other person who makes this Return, Paluna Iannarelli

Address, 923 Eastern Ave.

Remarks, Peter A. Lion

8970001391

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
a or practioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored (Negro)
3. *Date of Birth,* Feb. 26-1897
4. *Place of Birth, (Street and Number)* 735 Pine St.
5. *Full Name of Mother,* Dora E. Price
6. *Mother's Maiden Name,* Nichols
7. *Mother's Birthplace,* Fairmount Md.
8. *Full Name of Father,* Wm H. Price
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Charlottesville Virginia

Name of Medical Attendant, or other person who makes this Return, C. M. Cook

Address, 1052 Myrtle ave

Remarks, This was a premature birth, about seven months

8 9 7 0 0 0 1 3 9-2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 22nd Feb. 1897
4. Place of Birth, (Street and Number) 106 Stanford St.
5. Full Name of Mother, Katie Hubbell
6. Mother's Maiden Name, Katie Stahl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Hubbell
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lyf Chandry m.d.

Address, 931 Fred ave

Remarks,

8970001393

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 23 1897 3.30 P.M.
4. Place of Birth, (Street and Number) 1314 McCulloh St.
5. Full Name of Mother, Emily Porter
6. Mother's Maiden Name, Roche
7. Mother's Birthplace, Md
8. Full Name of Father, Benj. B. Porter, Jr.
9. Father's Occupation Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, Instruments & Chloroform

Every Physician or Midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001394

RETURN OF A BIRTH. 81296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2/4/97
4. *Place of Birth, (Street and Number)*	1915 - Montrose Av
5. *Full Name of Mother,*	Anna Margaret Hysterberg
6. *Mother's Maiden Name,*	Anna Margaret Schanzlf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm H. W. Hysterberg
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore Maryland
Name of Medical Attendant, or other person who makes this Return,	Joseph Hart
Address,	1901 W. Fayette St
Remarks,	

8970001395

Wm. J. C. Dulany Co., City Printers and Stationers.

...whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Margaret Jennings Stavely

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) f.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feb. 19. 1897
4. Place of Birth, (Street and Number) 1236 Essex St.
5. Full Name of Mother, Mary Hodges Stavely
6. Mother's Maiden Name, " Hodges
7. Mother's Birthplace, Md.
8. Full Name of Father, Thos. H. Stavely
9. Father's Occupation Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 Broadway

Remarks, 7½ el.

8970001396

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th & 7th
1. *Sex, (state whether male or female)*	Both male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2/19/97
4. *Place of Birth, (Street and Number)*	6746 Fayette st
5. *Full Name of Mother,*	Lena Slack
6. *Mother's Maiden Name,*	Eifert
7. *Mother's Birthplace,*	Pittsburg Pa
8. *Full Name of Father,*	Jno P. H Slack
9. *Father's Occupation*	Insurance business
10. *Father's Birthplace,*	Evansville Ind
Name of Medical Attendant, or other person who makes this Return,	E D Ellis M D
Address,	733 Fayette st.
Remarks,	

8 4 7 0 0 0 1 3 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~March~~ February 15 1897
4. Place of Birth, (Street and Number) 1633 N Caroline St
5. Full Name of Mother, Anna L Burch
6. Mother's Maiden Name, Anna L. Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, G. A Burch
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. D. Martagh

Address, 1701 N. Caroline St.

Remarks,

8970001398

Wm J C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 81300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 1st 1897
4. Place of Birth, (Street and Number) 938 N. Bond st
5. Full Name of Mother, Lizzie Waldman
6. Mother's Maiden Name, " Young
7. Mother's Birthplace, Balto
8. Full Name of Father, Jas W. Waldman
9. Father's Occupation Insurance Agt
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Browne

Address, 944 N. Gay st

Remarks,

8970001399

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 1st 1897
4. *Place of Birth, (Street and Number)*	713 N. Eden St
5. *Full Name of Mother,*	Rose J. McCabe
6. *Mother's Maiden Name,*	" " Doyle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jas. F. McCabe
9. *Father's Occupation*	Policeman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. J. Frank Crane
Address,	1451 Linganore St
Remarks,	

8970001400

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1897
4. *Place of Birth, (Street and Number)*	1314 Hillman St
5. *Full Name of Mother,*	Mary A. St Leger
6. *Mother's Maiden Name,*	Gibbons
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Baptiste St Leger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr J. Frank Cornell
Address,	1051 Virginia St
Remarks,	

8970001401

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 81313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 9th 1897
4. *Place of Birth, (Street and Number)*	1308 Eutaw St
5. *Full Name of Mother,*	Mary T. Spencer
6. *Mother's Maiden Name,*	" Spence
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry T. Spencer
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. J. Francis Connor
Address,	1051 Augusta St
Remarks,	

8970001402

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 11, 1897
4. *Place of Birth, (Street and Number)*	1115 Scott St
5. *Full Name of Mother,*	Annie S Jacobs
6. *Mother's Maiden Name,*	" " Neal
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Otto F. Jacobs
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return,	N. E. Kniffe M.D
Address,	523 Scott St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 7 0 0 0 1 4 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236]

RETURN OF A BIRTH. 81305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26 1897
4. *Place of Birth, (Street and Number)* 2322 Fairmount Ave
5. *Full Name of Mother,* Carrie Meisler
6. *Mother's Maiden Name,* " Losler
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* Richard Meisler
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J T Spicknall

Address, 14 N Patterson Pk Ave

Remarks,

8970001404

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] person practicing midwifery in the City of [illegible] shall hereafter take place, shall keep a true and correct [illegible] the same on blank schedule, to be furnished by the Commissioner of [illegible] of the births which have occurred under his or her care during the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 81305 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Feb 14 1897
4. *Place of Birth, (Street and Number)* Balto 1314 Bruce St
5. *Full Name of Mother,* Salina Brown
6. *Mother's Maiden Name,* Salina Watts
7. *Mother's Birthplace,* East River Md.
8. *Full Name of Father,* William Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* West River Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Peters

Address, 1649 Bruce St

Remarks,

1897 0001405

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 4-16-56

RETURN OF A BIRTH 81306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Judson Yates Council

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Febuary 26-99
4. Place of Birth, (Street and Number) 2009 Guilford Ave
5. Full Name of Mother, Maggie E. Council
6. Mother's Maiden Name, Maggie E. Marann
7. Mother's Birthplace, Mathews Co Virg.
8. Full Name of Father, W. H Council
9. Father's Occupation, Butter Dealer.
10. Father's Birthplace, Mathews Co Virg.

Name of Medical Attendant, or other person who makes this Return. Agnes Ebbe

Address, 2411 N. North Ave.

Remarks,

8970001406

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

81307

RETURN OF A BIRTH. 8130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~204 S. Eden st.~~ Feb. 27th 18
4. Place of Birth, (Street and Number) 204 S. Eden st.
5. Full Name of Mother, Mary Simmonds
6. Mother's Maiden Name, Kohn
7. Mother's Birthplace, Europe
8. Full Name of Father, ~~Jacob~~ Jacob Simmonds
9. Father's Occupation Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1228 S. Exeter st.

Remarks,

6 7 0 0 0 1 4 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

monce, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81775

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, (1606. Marshall Street.) (2.15.A.M.)
4. Place of Birth, (Street and Number) March 14.
5. Full Name of Mother, Catherine Anna Miller,
6. Mother's Maiden Name, Wagner,
7. Mother's Birthplace, Culmbach - Germany
8. Full Name of Father, George Howard Miller,
9. Father's Occupation Cigarmaker,
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaiser / for the

Address, Mothers Relief Society 1412 Eutaw Place.

Remarks, 071 0001408

Wm. J. C. Dulany Co., City Printers and Stationers.

Physician, midwife, or other person having charge of case, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

81776

RETURN OF

To the Office of Registrar of Vital Statisti

No. of Child of Mother, (state whether 1st, 2d, 3d, &

1. *Sex, (state whether male or female)* ..... *C*
2. *Race or Color, (if not of the white race)* ..... *C*
3. *Date of Birth,* ..... *Marc*
4. *Place of Birth, (Street and Number)* *120*
5. *Full Name of Mother,* ..... *Catharin*
6. *Mother's Maiden Name,* ..... *"*
7. *Mother's Birthplace,* ..... *Balt*
8. *Full Name of Father,* ..... *Jno. J. M*
9. *Father's Occupation* ..... *Lab*
10. *Father's Birthplace,* ..... *Balto*

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, ...

8970001408

Wm. J. C. Dulany Co,. City Printers and Stationers.

health. The certificate shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

81777

[336]

RETURN OF

To the Office of Registrar of Vital Statist

No. of Child of Mother, (state whether 1st, 2d, 3d,

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 4 7 0 0 0 1 4 0 8

Baltimore under whose charge it is, upon the same or a similar blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on the register of such births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

81778

RETURN OF

To the Office of Registrar of Vital Statistic

No. of Child of Mother, (state whether 1st, 2d, 3d, &c

1. *Sex, (state whether male or female)* Fem
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth,* 13 March 189
4. *Place of Birth, (Street and Number)* 226 c
5. *Full Name of Mother,* Serra Kra
6. *Mother's Maiden Name,* Serra Kra
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Franck
9. *Father's Occupation* Kaplun
10. *Father's Birthplace,* Baltim

Name of Medical Attendant, or other person who makes this Return,

Address, 504 S Washing

Remarks,

8 9 7 0 0 0 1 4 0 3

Baltimore, ... shall enter the same on ... register of such birth, and shall enter the same on ... births which have occurred under his or her care during ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

81779

36]

RETURN OF

To the Office of Registrar of Vital Statisti

No. of Child of Mother, (state whether 1st, 2d, 3d, &

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 1. Fo
5. *Full Name of Mother,* Anna Fuit
6. *Mother's Maiden Name,* Anna &P
7. *Mother's Birthplace,*
8. *Full Name of Father,* John
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 7 0 0 0 1 4 0 8

register of such birth, and shall enter the same on bl
Health. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be as
been conferred) its sex, color, the full name and occup
said schedule shall be delivered, duly signed by the pra
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, i
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offence, to b
on blank schedule, to be furnished by the Commissione
births which have occurred under his or her care during
be ascertained the full name of each child, (if any shall h
occupation of its parents, the date and place of birth; an
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
fter It shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

81780

RETURN OF

To the Office of Registrar of Vital Statistics

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth,* March 15 - 18
4. *Place of Birth, (Street and Number)* 923 W
5. *Full Name of Mother,* Marion Wh
6. *Mother's Maiden Name,* " Ro
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Oscar S.
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return,

Address, 1219 N. Carolin

Remarks,

8 9 7 0 0 0 1 4 0 8

Health. This schedule shall contain a list of the births which occur under its jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.] 8178

RETURN OF

To the Office of Registrar of Vital Statistics

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Marc
4. *Place of Birth, (Street and Number)* 7
5. *Full Name of Mother,* Cecelia
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Stuart
9. *Father's Occupation* Iron Mo
10. *Father's Birthplace,* Vo

Name of Medical Attendant, or other person who makes this Return,

Address, 2916

Remarks,

1897000140 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 March 1897
4. *Place of Birth, (Street and Number)* 1893 Eastern av
5. *Full Name of Mother,* Ida Fiddler
6. *Mother's Maiden Name,* Ida Dombroske
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Fiddler
9. *Father's Occupation* Milk Dairy
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8970001408

Wm. J. C. Dulany Co., City Printers and Stationers

1236]

RETURN OF A BIRTH. 81783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 16 - 97

4. *Place of Birth, (Street and Number)* 2015 E Eutaw St

5. *Full Name of Mother,* Mary A. McCloskey

6. *Mother's Maiden Name,* Ledwinger

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* James A. McCloskey

9. *Father's Occupation* Horse Cutter

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwood

Address, 1138 E Baltimore St

Remarks,

8970001408

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 81784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white.

3. *Date of Birth,* 16 th March 189[illegible]

4. *Place of Birth, (Street and Number)* 1212 Pace st.

5. *Full Name of Mother,* Teresa Ehart

6. *Mother's Maiden Name,* Ruhart.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Nelson Ehart.

9. *Father's Occupation* Laborer.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D. Lieseman.

Address, 2922 Elliott

Remarks,

1 8 9 7 0 0 0 1 4 0 8

register of such birth, and shall enter the same [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1897.
4. Place of Birth, (Street and Number) 1026 N. Central Ave.
5. Full Name of Mother, Elizabeth A. Hooper
6. Mother's Maiden Name, " " Biddison
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, James A. Hooper
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address,

Remarks, 8970001409

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th October 97
4. *Place of Birth, (Street and Number)* 1102 Riverside Ave
5. *Full Name of Mother,* Carrie Foster
6. *Mother's Maiden Name,* Clifton
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert Foster
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Yewell

Address, 600 E Fort Ave

Remarks, 8970001410

Health. This schedule shall contain a list of the names of each child, (if any shall have been delivered), the full name of each child, (if any shall have been delivered), the full name of each child, (if any shall have been delivered), the full name

RETURN OF A BIRTH. 81787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 16th March 97

4. *Place of Birth, (Street and Number)* 811 E. Fort Ave

5. *Full Name of Mother,* Eleanor McGarvey Yarrell

6. *Mother's Maiden Name,* Butler

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Edward McGarvey

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Yarrell

Address, 811 E. Fort Ave

Remarks, 8970001411

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16/97
4. *Place of Birth, (Street and Number)* E. L. Ann Str.
5. *Full Name of Mother,* Theresa Bayer
6. *Mother's Maiden Name,* v. Schuch
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Bayer
9. *Father's Occupation* Basketmacker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks, 5970001412

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 97
4. *Place of Birth, (Street and Number)* #1622 Shespear St
5. *Full Name of Mother,* Mary Beranafetrowski
6. *Mother's Maiden Name,* Mary Pysem
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Beranafetrowski
9. *Father's Occupation* Laboer
10. *Father's Birthplace,* Aurstra

Name of Medical Attendant, or other person who makes this Return, Annie Procnail

Address, #1710 Alice Anna St

Remarks, Full Time

8970001413

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1897
4. *Place of Birth, (Street and Number)* 514 Lawrence
5. *Full Name of Mother,* Nannie M Carey
6. *Mother's Maiden Name,* Freeze
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm F Carey
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler

Address, 1829 Bolton St

Remarks,

8 9 7 0 0 0 1 4 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-21-59

RETURN OF A BIRTH. 81791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Keuler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th of may 97.
4. Place of Birth, (Street and Number) 2106 W Pratt St.
5. Full Name of Mother, Mathilda Keuler
6. Mother's Maiden Name, Mathilda Niepmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Jakob Keuler
9. Father's Occupation Bäcker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

847 0001415

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 16
4. *Place of Birth, (Street and Number)* 1943 N. Mt. Henry St
5. *Full Name of Mother,* Mrs Katie Dexter Davis
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Chas Davis
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Balto
- *Name of Medical Attendant,* or other person who makes this Return, E. B. Ullrich
- *Address,* 11 N Carey St
- *Remarks,*

8 9 7 0 0 0 1 4 1 6

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Sanford Horton Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16 1897
4. Place of Birth, (Street and Number) 918 N Mount St
5. Full Name of Mother, Ella Disney
6. Mother's Maiden Name, Gardner
7. Mother's Birthplace, Virginia
8. Full Name of Father, Frank Disney
9. Father's Occupation Engineer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Leo Rhatam

Address, 725 Columbia ave

Remarks,

8970001417

Wm. J. C. Dulany Co., City Printers and Stationers.

Return. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th 1897
4. *Place of Birth, (Street and Number)*	1342 N Carey
5. *Full Name of Mother,*	Edna Hardesty
6. *Mother's Maiden Name,*	Griffith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Isaac Hardesty
9. *Father's Occupation*	Carman
10. *Father's Birthplace,*	Prince Geo Co Md
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	1834 Bolton St
Remarks,	

8970001418

register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner, on the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17th 1897
4. *Place of Birth, (Street and Number)* 1518 Penn av
5. *Full Name of Mother,* Hannie Breneck
6. *Mother's Maiden Name,* Gobald
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Breneck
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W.B. Sawtin

Address, Green & Mulberry St

Remarks, Delay for Information

8 7 7 0 0 0 1 4 1 9

Register of births. The Commissioner of Health shall provide a book, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

81796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 March 1894
4. *Place of Birth, (Street and Number)* 1820 Bank St
5. *Full Name of Mother,* Regina Collins
6. *Mother's Maiden Name,* Regine Rekewal
7. *Mother's Birthplace,* Baltimor MD.
8. *Full Name of Father,* Carls Collens
9. *Father's Occupation* Storkiper
10. *Father's Birthplace,* Baltimor MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

18970001420

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine (often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1, 97
4. *Place of Birth, (Street and Number)* 540 N. Carolina St.
5. *Full Name of Mother,* Isabella Stalz
6. *Mother's Maiden Name,* Gault
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Frederick Stalz
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Wallbert St

Remarks,

8 9 7 0 0 0 1 4 2 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XV

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17/97
4. *Place of Birth, (Street and Number)* 2201 Eastern Ave.
5. *Full Name of Mother,* Maggie Johnson
6. *Mother's Maiden Name,* " Zimmerman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Johnson
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington Ave

Remarks,

1897 0001422

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 14, 1899.
4. *Place of Birth, (Street and Number)* 28 Stone Hill. Mt. Vernon
5. *Full Name of Mother,* Kate Warner.
6. *Mother's Maiden Name,* Connor.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* George Albert Warner.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8997000 1423

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 81801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

Name Robert Lee Leitner

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 17, 1894.
4. Place of Birth, (Street and Number) 408 Lemmon Place.
5. Full Name of Mother, Ruby Ann Leitner.
6. Mother's Maiden Name, Bradford.
7. Mother's Birthplace, Md.
8. Full Name of Father, Eli Kendric Leitner.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Whitehill M.D.

Address, 291 Chestnut ave.

Remarks,

8 7 7 0 0 0 1 4 2 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 10-26-54

RETURN OF A BIRTH. 81801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Oda Bunting

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1897
4. Place of Birth, (Street and Number) Hampden c/o Fourth ave.
5. Full Name of Mother, Mollie Elizabeth Bunting
6. Mother's Maiden Name, Wooden
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, W. S. Bunting
9. Father's Occupation Painter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Hug.

Address, 575 Hickory ave Hampden City.

Remarks,

1897 0001425

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Sixth

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* March 18
4. *Place of Birth,* (*Street and Number*) 767 Bradley
5. *Full Name of Mother,* Sarah Holden
6. *Mother's Maiden Name,* Sarah Redane
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Basil Holden
9. *Father's Occupation* Howard County
10. *Father's Birthplace,* Driver

Name of Medical Attendant, or other person who makes this Return, Hester Roland

Address, 3-09 Fulton St

Remarks,

8970001426

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

register of such birth, and shall enter the same on blanks so furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1897
4. *Place of Birth, (Street and Number)* 1137 E. Lombard St
5. *Full Name of Mother,* Sofalisa Hattenberger
6. *Mother's Maiden Name,* " Lammer
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frank Hattenberger
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Carolina Miller

Name of Medical Attendant, or other person who makes this Return, 1606 Walbert St

Address,

Remarks,

1897 0001427

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 March 1897
4. *Place of Birth, (Street and Number)* 2012 Pratt at
5. *Full Name of Mother,* Henriete Alfort
6. *Mother's Maiden Name,* Henriete Schaffer
7. *Mother's Birthplace,* Baltimor M D
8. *Full Name of Father,* John Alfort
9. *Father's Occupation* Kanmaker
10. *Father's Birthplace,* Baltimor MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

18970001428

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18th 1897
4. *Place of Birth, (Street and Number)* 2414 Henderson st
5. *Full Name of Mother,* Ida Janzen
6. *Mother's Maiden Name,* " Ast
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Janzen
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M.D

Address, 2425 Fait Ave

Remarks,

1897 00014 29

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Infant
4. *Place of Birth, (Street and Number)* 1914 Brunt St
5. *Full Name of Mother,* Sarah Posey
6. *Mother's Maiden Name,* Sarah Posey
7. *Mother's Birthplace,* St Marys County
8. *Full Name of Father,* George Gaither
9. *Father's Occupation* Eastern Shore Md
10. *Father's Birthplace,* Waiter

Name of Medical Attendant, or other person who makes this Return, Hester Cotanch

Address, 3-09 Preston St

Remarks,

18970001430

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH. 81807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 18 - 97

4. *Place of Birth, (Street and Number)* 1739 E. Oliver

5. *Full Name of Mother,* Mary D. Terry

6. *Mother's Maiden Name,* " Page

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Robt W. Terry

9. *Father's Occupation* Turner

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary D. Ellwood

Address, 1438 N. Bond St

Remarks,

1897000143 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of each parent, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 127 N Wolfe Street
4. *Place of Birth, (Street and Number)* March 18th 1897
5. *Full Name of Mother,* Millie Harlow
6. *Mother's Maiden Name,* Mc Gibbons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Will Harlow
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kroon, Midwife

Address,

Remarks,

8 7 7 0 0 0 1 4 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17 1892
4. *Place of Birth, (Street and Number)* No. 2212 E. Chase Street
5. *Full Name of Mother,* Winifred Martin
6. *Mother's Maiden Name,* Winifred Connolly.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* George Martin
9. *Father's Occupation* Wool Worker.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Roy L. Elwell M.D.

Address, 1741 Harford ave.

Remarks,

8477001433

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17 1892.
4. *Place of Birth, (Street and Number)* No. 1520 N. Spring street.
5. *Full Name of Mother,* Georgia Pearson
6. *Mother's Maiden Name,* Georgia Dilvan
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Roscoe C. Pearson.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Luge A. Elsewell M.D.

Address, 1741 Harford ave.

Remarks,

8970001434

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-9-57

RETURN OF A BIRTH. 81811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Balbina ~~Superczynski~~ Th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9 97
4. *Place of Birth, (Street and Number)* #723 Lancaster St
5. *Full Name of Mother,* Julija ~~Sobieski~~ Superczynski
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John ~~Sobieski~~ Superczynski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Annie Protmal

Address, #1710 Alice Anna St

Remarks, Full Time

8 4 7 0 0 0 1 4 3 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th March 97
4. *Place of Birth, (Street and Number)* 1314 Boyle St
5. *Full Name of Mother,* Mary Ann Lohman
6. *Mother's Maiden Name,* " " Fall
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Lilly Lohman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs E. Maxwell

Address, 600 E. Fort Ave

Remarks,

8 9 7 0 0 0 1 4 3 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 81813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19th 1897
4. *Place of Birth, (Street and Number)* 1126 N. North Ave.
5. *Full Name of Mother,* Jennie F. Greenbaum
6. *Mother's Maiden Name,* Jennie Furstenburg
7. *Mother's Birthplace,* Memphis, Tenn.
8. *Full Name of Father,* Abram Greenbaum
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, O. Hampson Jones

Address, 211 N. Franklin St.

Remarks,

8970001437

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 19-1897
4. *Place of Birth, (Street and Number)* 15-36 Woodyear Ct.
5. *Full Name of Mother,* Laura Bracco
6. *Mother's Maiden Name,* Inolden
7. *Mother's Birthplace,* St Marys Co. Md.
8. *Full Name of Father,* Abraham Bracco
9. *Father's Occupation* Labor
10. *Father's Birthplace,* St. Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Watercrat St

Remarks,

8 9 7 0 0 0 1 4 3 8

Wm. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 March
4. Place of Birth, (Street and Number) 815 Butler Hall
5. Full Name of Mother, Mary Wittel
6. Mother's Maiden Name, Mc Gilberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wittel
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Munk

Address, 800 Leadenhall Street

Remarks,

8970001439

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th March 97
4. *Place of Birth, (Street and Number),* 1251 Riverside Ave
5. *Full Name of Mother,* Mary Malone
6. *Mother's Maiden Name,* " Lycett
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Malone
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ire.

Name of Medical Attendant, or other person who makes this Return, Wm E. Grenell

Address, 600 E Fort Ave

Remarks,

1897000 1440

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 1897
4. *Place of Birth, (Street and Number)*	617 N Chapel St
5. *Full Name of Mother,*	Kathy Frey
6. *Mother's Maiden Name,*	Wilhelm
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Julius Frey
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kelly Midwife
Address,	1922 E Fayette Street
Remarks,	

8 7 7 0 0 0 1 4 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall offer the same for registration. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20/97
4. Place of Birth, (Street and Number) 604 S. Porte St.
5. Full Name of Mother, Maggie Jones
6. Mother's Maiden Name, " Schoch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Jones
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

8970001442

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, to which it has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

SECTION 7.—And be it further enacted and ordained that every person or midwife who shall hereafter attend the birth of any child, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20/97
4. *Place of Birth, (Street and Number)*	34 S. Arlington Ave
5. *Full Name of Mother,*	Laura Tayman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Edgar R Tayman
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Edwin K. Ballard M.D.
Address,	
Remarks,	

18970001443

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 29 1897 ✓
4. Place of Birth, (Street and Number) 916 Eutaw ✓
5. Full Name of Mother, Bertha A Washington ✓
6. Mother's Maiden Name, Bertha A Rose ✓
7. Mother's Birthplace, Charlottesville Va Virginia ✓
8. Full Name of Father, Arthur A Washington ✓
9. Father's Occupation Waiter ✓
10. Father's Birthplace, West Point Virginia ✓

Name of Medical Attendant, or other person who makes this Return, Hester Eutaw ✓

Address,

Remarks,

8970001444

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 20th 1897
4. *Place of Birth, (Street and Number)* 822 Mechanics Court
5. *Full Name of Mother,* Georgiana Anderson
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. W. Anderson
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. McPherson M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8970001445

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	march 20 1893
4. *Place of Birth, (Street and Number)*	1005 W Bare St
5. *Full Name of Mother,*	Amelia Rosenthal
6. *Mother's Maiden Name,*	" Erbe
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Rich'd Rosenthal
9. *Father's Occupation*	clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Leo Rhatem
Address,	725 Columbia ave
Remarks,	

8970001446

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 6-7-52

RETURN OF A BIRTH. 81853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Myrtle ~~Shakespear~~.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10.10 P. M., March 21/97.

4. Place of Birth, (Street and Number) 423 Calvin Ave., (Waverly).

5. Full Name of Mother, Amelia W. Shakespear.

6. Mother's Maiden Name, Amelia W. Lees

7. Mother's Birthplace, City.

8. Full Name of Father, Walter Shakespear.

9. Father's Occupation, Motorman on City & Suburban R. Co

10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M.D.

Address, 8 East Montgomery St.

Remarks, Normal presentation. Labor instrumental.

No puerperal trouble

8970001447

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st
4. *Place of Birth, (Street and Number)* 226 Appleton st
5. *Full Name of Mother,* Harriet Purcell
6. *Mother's Maiden Name,* Harriet Colston
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Franklin Purcell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Mt Washington

Name of Medical Attendant, or other person who makes this Return, Mary I Dempsey

Address, 2847 Lanvale st

Remarks,

8970001448

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 21
4. *Place of Birth, (Street and Number)*	1907 N. Stricker
5. *Full Name of Mother,*	Mrs Maggie Barnes Ullrich
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Neal Ullrich
9. *Father's Occupation*	Puncture Car Co
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. E. Ullrich
Address,	11 N Carey St
Remarks,	

8470001449

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81825½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 21 97
4. *Place of Birth, (Street and Number)*	1424 Belvidere St.
5. *Full Name of Mother,*	Helena Folker
6. *Mother's Maiden Name,*	Helena Halse
7. *Mother's Birthplace,*	N. J.
8. *Full Name of Father,*	N. J. Folker
9. *Father's Occupation*	Engraver
10. *Father's Birthplace,*	N. J.
Name of Medical Attendant, or other person who makes this Return,	J. H. Roberts M.D.
Address,	736 E. Pratt St
Remarks,	

8970001450

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21/97
4. *Place of Birth, (Street and Number)* 518. S. Rose St.
5. *Full Name of Mother,* Mina Koepper
6. *Mother's Maiden Name,* " Kreisgeber
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Koepper
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 241 S. Washington St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 0 0 0 1 4 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 21st 97
4. *Place of Birth, (Street and Number)* 711 Lafayette St E
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* Maggie Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm A. Miller
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Chicago Ill

Name of Medical Attendant, or other person who makes this Return, Thomas Sudler M.D.

Address, 702 E Pratt St.

Remarks,

1897000145 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 81829

GIRL'S NAME ADDED 9-28-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Katherine Baer

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 8th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1897
4. *Place of Birth, (Street and Number)* 2012 E Fayette St
5. *Full Name of Mother,* Mary Baer
6. *Mother's Maiden Name,* Gmeiderdorf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Baer
9. *Father's Occupation* Harnessmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H Broer Midwife

Address, 1922 E Fayette Street

Remarks,

8970001453

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. The name of every child born in this city must be returned to the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 / 97
4. Place of Birth, (Street and Number) # 2214 Canton Ave
5. Full Name of Mother, Julija Jankewicz
6. Mother's Maiden Name, —
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Jankewicz
9. Father's Occupation Shoemaker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Annie Grocmal.

Address, # 1710 Aliceanna St

Remarks, Full Term

8970001454

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been ascertained, the full name as the same can be ascertained, and shall set forth as full as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, the date and place of the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 481830½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 tes

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* März 21 ten 1894
4. *Place of Birth, (Street and Number)* Yale Street 2076
5. *Full Name of Mother,* Emilie Tallmeshaus
6. *Mother's Maiden Name,* Rettberg
7. *Mother's Birthplace,* Hallen Germany
8. *Full Name of Father,* Wilhelm Tallmeshaus
9. *Father's Occupation* Bottenmacher
10. *Father's Birthplace,* Lidenreid Germany

Name of Medical Attendant, or other person who makes this Return, Anna Bauchelt

Address, 1914 West Rath Street

Remarks,

8970001455

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 March 1894
4. *Place of Birth, (Street and Number)* 2003 Spruce ale
5. *Full Name of Mother,* Mary Yung
6. *Mother's Maiden Name,* Mary Manjen
7. *Mother's Birthplace,* Baltimor. M D
8. *Full Name of Father,* Edward Yung
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimor M D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8970001456

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8153 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1897.
4. *Place of Birth, (Street and Number)* 1647 E. Madison St.
5. *Full Name of Mother,* Augusta Foster Miller
6. *Mother's Maiden Name,* Baltimore Md
7. *Mother's Birthplace,* Virginia Foster
8. *Full Name of Father,* Baker
9. *Father's Occupation* Baltimore Md
10. *Father's Birthplace,* Caroline Miller
    Name of Medical Attendant, or other person who makes this Return, 1606 Walker St
    Address,
    Remarks,

8970001457

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 22nd, 1897.
4. *Place of Birth, (Street and Number)* 216 N. Lanvale St.
5. *Full Name of Mother,* Mary M. Sifford,
6. *Mother's Maiden Name,* J. Martin.
7. *Mother's Birthplace,* Harford Co., Md.
8. *Full Name of Father,* John H. Sifford,
9. *Father's Occupation* Travelling Salesman.
10. *Father's Birthplace,* Frederick, Md.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Price, M.D.

Address, 1012 Madison Ave.

Remarks,

8970001458

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a book to be kept for that purpose; and every person in charge of any institution, in which births have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required. and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Mch 22-97
4. *Place of Birth, (Street and Number)*	1316 W. ~~Pratt~~ St
5. *Full Name of Mother,*	Catherine B. W. Albers
6. *Mother's Maiden Name,*	Witthaver
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John W. Albers
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Wm Funck M.D.
Address,	DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.
Remarks,	

WM J. C. SULANY & CO., CITY PRINTERS AND STATIONERS.

1897 0001459

Health. This Schedule shall contain a list of the names of each child, (if any shall have been conferred) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 22 /97
4. *Place of Birth, (Street and Number)*	#1737 Alice Anna St
5. *Full Name of Mother,*	Elagija Rasiak
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Julian Rasiak
9. *Father's Occupation,*	Organist
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return	Annie Grocmal
Address,	#1710 Alice Anna St
Remarks,	Full Time

8970001460

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22. (2.45. A. M.)
4. Place of Birth, (Street and Number) 1707 Olive Street.
5. Full Name of Mother, Caroline Bachman
6. Mother's Maiden Name, Hetkenberg
7. Mother's Birthplace, Schwellen near Elberfeld - Germany
8. Full Name of Father, Heinrich August Bachman
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kasme / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8970001461

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Every birth shall be registered as soon after the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22 / 11.20 A. M /.
4. Place of Birth, (Street and Number) 733 Ramsay Street.
5. Full Name of Mother, Daisy Baxter,
6. Mother's Maiden Name, Hyther
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Thomas Baxter,
9. Father's Occupation Laborer,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society 1012 Eutaw Place.

Remarks,

8 7 7 0 0 0 1 4 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 3rd

1. *Sex, (state whether male or female)* Male Paul B. Jack
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 97
4. *Place of Birth, (Street and Number)* Md Gen Hosp
5. *Full Name of Mother,* Rebecca Jack
6. *Mother's Maiden Name,* Rebecca Logan
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* J D Jack
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return, Dr Mahoney

Address, Md Gen Hosp

Remarks, See document file for name. Reg No 81838 F E Kehoe Reg Mar 22 1897

8970001463

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

81839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 23rd 1897
4. *Place of Birth (Street and Number)*	405 E Madison St.
5. *Full Name of Mother*	Ella Quigley
6. *Mother's Maiden Name*	Chelton
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Edward V. Quigley
9. *Father's Occupation*	Electrician
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	
Address	Sam'l Beck M.D.
Remarks	6 N. Eutaw St.

8970001464

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23/97
4. Place of Birth, (Street and Number) 10 Irving Place
5. Full Name of Mother, Annie Westerman
6. Mother's Maiden Name, " Kowalleck
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Westerman
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 341. S. Washington St

Remarks,

8970001465

Health. This schedule shall contain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 81841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 24 th March 1896

4. *Place of Birth, (Street and Number)* 1042 Fare st.

5. *Full Name of Mother,* Kate Golowenta Rakeitzbek

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Stanislaw Golowinski

9. *Father's Occupation* Sabor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P Lowenmund

Address, 2922 E Eliot st

Remarks,

8 9 7 0 0 0 1 4 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which
month, and shall set forth as far as the same can be ascertained
been conferred; its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

[236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2 97.
4. *Place of Birth, (Street and Number)* 519 N. Chapel St.
5. *Full Name of Mother,* Emma Stengel
6. *Mother's Maiden Name,* " Fiedler
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Stengel
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Mueller

Address,

Remarks,

8 9 7 0 0 0 1 4 6 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl Helen Elvina
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24/97
4. Place of Birth, (Street and Number) 2022 E. Lombard St.
5. Full Name of Mother, Mary (Buxbaum) Buchsbaum
6. Mother's Maiden Name, " Mueller
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry (Buxbaum) Buchsbaum
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 241 S. Washington St.

Remarks,

8 9 7 0 0 0 1 4 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 24 - 9"
4. *Place of Birth, (Street and Number)* 1833 Gough St
5. *Full Name of Mother,* Isabella E. Taylor
6. *Mother's Maiden Name,* Loggins
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm J. Taylor
9. *Father's Occupation* Telegraper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allured

Address, 1428 E Bond St

Remarks,

8 9 7 0 0 Cob 1 6 8

[236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 24, 1899.
4. *Place of Birth, (Street and Number)* 324 29th st.
5. *Full Name of Mother,* Ellen Shea.
6. *Mother's Maiden Name,* O'Brien.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Daniel J. Shea.
9. *Father's Occupation* Bartender.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edward N. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

8 9 7 0 0 0 1 4 7 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 24 97.
4. *Place of Birth, (Street and Number)*	1421 Ashland Ave
5. *Full Name of Mother,*	Zinkhorn
6. *Mother's Maiden Name,*	Agnes Manly
7. *Mother's Birthplace,*	Ohio
8. *Full Name of Father,*	J. B. Zinkhorn
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Ky.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	736 E. Lombard St
Remarks,	

8970001471

which have occurred under his or her care during the register of such office, and shall enter the same in such register. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 24 Of march
4. *Place of Birth, (Street and Number)* 608 Pierce st
5. *Full Name of Mother,* Ella Ellis
6. *Mother's Maiden Name,* Ella Hamilton
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Ellis Sr
9. *Father's Occupation* Drayman
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Fannie Myers

Address, No. 722 Bradley st

Remarks,

8970001472

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 24th 1897
4. *Place of Birth, (Street and Number)* 245 S. Caroline St
5. *Full Name of Mother,* Mrs Anna Klar
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr — Klar
9. *Father's Occupation* Baster
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. F. O'Connor M.D.

Address, Maternite 15 W. Lombard St.

Remarks,

8970001473

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81849

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25 1899
4. Place of Birth, (Street and Number) 1129 Orleans St
5. Full Name of Mother, Golda Cohn
6. Mother's Maiden Name, Golda Abrahim
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Cohn
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Feinberg

Address, 25 Lloyd St

Remarks, 8 9 7 0 0 0 1 4 7 4

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 81857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. th.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 25 th March 1897.
4. *Place of Birth, (Street and Number)* 2206. Canton Evenue.
5. *Full Name of Mother,* Egi Kubelski.
6. *Mother's Maiden Name,* Egi Burstarski.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Julius Kubelski
9. *Father's Occupation* Sabror.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Siepemann.

Address, 2922 Elliott st.

Remarks,

8970001475

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81851

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25-1897.
4. Place of Birth, (Street and Number) 811 N. Gay st.
5. Full Name of Mother, Sarah Virginia Wilson
6. Mother's Maiden Name, " " Thomas
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles W. Wilson
9. Father's Occupation Ice wagon
10. Father's Birthplace, Prince Georges Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D

Address, 1219 N. Caroline st.

Remarks,

C 97 0 0 0 1 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. § 1852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 1st 1897
4. Place of Birth, (Street and Number) 1722 Pethel st Baltimore
5. Full Name of Mother, Martha A Lakins
6. Mother's Maiden Name, Martha A Reintzell
7. Mother's Birthplace, Santmore Co
8. Full Name of Father, John H Lakins
9. Father's Occupation Labour
10. Father's Birthplace, Augusta Geo

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Lakins

Address, 1600 East Lanvale st

Remarks,

8970001477

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 81853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white ~~race~~) Col.
3. Date of Birth, Mch. ~~Feb~~ 8. 1897
4. Place of Birth, (Street and Number) 346 Whatcoat st
5. Full Name of Mother, Eva Butler
6. Mother's Maiden Name,
7. Mother's Birthplace, City
8. Full Name of Father, Illegit.
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. N. Glanaburg M.D.

Address, 1122 N. Mount St

Remarks,

8970001478

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 81854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Nov. 11 1897

4. Place of Birth, (Street and Number) 1122 N Mount St

5. Full Name of Mother, Elvira Curtis

6. Mother's Maiden Name,

7. Mother's Birthplace, Jamaica W. I.

8. Full Name of Father, James

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. E. Flanahan M.D.

Address, 1122 N. Mount St

Remarks,

8 9 7 0 0 0 1 4 7 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11/97
4. Place of Birth, (Street and Number) 1538 N. Gay St.
5. Full Name of Mother, Mary Block
6. Mother's Maiden Name, " Spiater
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Block
9. Father's Occupation Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

1897 0001480

Wm. J. C. Dulany Co., City Printers and Stationers.

Name to be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12/97
4. *Place of Birth, (Street and Number)* 1635 N. Durham St.
5. *Full Name of Mother,* Mary Gizzwork
6. *Mother's Maiden Name,* " Lubeck
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Gizzwork
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241. S. Washington St.

Remarks,

8970001481

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th 1899
4. Place of Birth, (Street and Number) 169 Dallas st
5. Full Name of Mother, Mary A Miller
6. Mother's Maiden Name, Mary A Krueger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian H Miller
9. Father's Occupation Street Paver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M Foster

Address, 1600 E Lanvale st

Remarks,

8970001482

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and year of birth of each child born alive, the full name and occupation of its parents, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 81858

GIVEN NAME ADDED 5/8/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Katherine Elizabeth Monroe Eighth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 15 1897

4. Place of Birth, (Street and Number) 1018 Russell Terrace

5. Full Name of Mother, Josephine Monroe

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Kent Island

8. Full Name of Father, William Monroe

9. Father's Occupation Laborer

10. Father's Birthplace, Washington Co Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Claudsburg M.D.

Address, 1122 N. Mosher St.

Remarks,

8970001483

Wm. J. C. Lalany Co., City Printers and Stationers.

Before birth shall register of such birth, and shall enter the same on blank Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 March
4. *Place of Birth, (Street and Number)* 703 S. Bond Sts.
5. *Full Name of Mother,* Emma Kangel
6. *Mother's Maiden Name,* Hanicic
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Anthony Kangel
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Ritt

Address, S. Bond Sts. 838

Remarks, Balto. Md. City.

8970001484

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25/97
4. *Place of Birth, (Street and Number)* 1938 E. Lombard St.
5. *Full Name of Mother,* Katie Dubert
6. *Mother's Maiden Name,* " Zeberlein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Adam Dubert
9. *Father's Occupation* Brassfinisher
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

1897 0001485

Wm. J. C. Dulany Co., City Printers and Stationers.

...ipation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitio... the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Com... or practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practi... it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter; and ...h, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in t... to comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be re... o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1897
4. Place of Birth, (Street and Number) 1417 W Saratoga St
5. Full Name of Mother, Jamie Krauss Burke
6. Mother's Maiden Name, Essex
7. Mother's Birthplace, Spotsylvania County Va
8. Full Name of Father, Frank Edward Burke
9. Father's Occupation, Machinist
10. Father's Birthplace, Providence (R.I.)

Name of Medical Attendant, or other person who makes this Return, E. W. Free

Address, 602 N Carey St

Remarks,

8 9 7 0 0 0 1 4 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 20th 1897.
4. *Place of Birth, (Street and Number)*	19 N. Carey
5. *Full Name of Mother,*	Elleyor Travers Ellenorr Linthicum
6. *Mother's Maiden Name,*	Balto city.
7. *Mother's Birthplace,*	Turner P. Travers
8. *Full Name of Father,*	Foreman
9. *Father's Occupation*	Talbot co. Md
10. *Father's Birthplace,*	G. W. Slater M.D.
Name of Medical Attendant, or other person who makes this Return,	1634 W. Fayette St.
Address,	
Remarks,	

8970001487

Health. This Schedule shall contain a list of the births which have occurred the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26th 1897
4. Place of Birth, (Street and Number) 1617 Clifton Place (N.E. Balt.)
5. Full Name of Mother, Winifred Dervant
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Massachusetts
8. Full Name of Father, Father died Grape Dervant died 2 wks before
9. Father's Occupation confinement.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. McDaniel M. D.

Address, Johns Hopkins Hospital, Baltimore, Md

Remarks,

1 8 9 7 0 0 0 1 4 8 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 7-29-53

Name: Margaret Anna Royer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 26, 97

4. Place of Birth, (Street and Number) 625 N. Randall St

5. Full Name of Mother, Annie Royer

6. Mother's Maiden Name, Strait

7. Mother's Birthplace, Balto Md

8. Full Name of Father, George Royer

9. Father's Occupation Saloper

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address,

Remarks,

8 9 7 0 0 0 1 4 8 9

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

S1865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 26th 1897
4. *Place of Birth, (Street and Number)* 103 N Dallas St
5. *Full Name of Mother,* Rosie Gaff
6. *Mother's Maiden Name,* Rosie Winkleman
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* John Gaff
9. *Father's Occupation,* Brakeman R. R.
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. P. G. Dausch

Address, 1731 E Balto St

Remarks,

1897 0001490

list of the births which have occurred under his observation, stating the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 81866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6th,

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White.

3. *Date of Birth,* March 11th, 1897.

4. *Place of Birth,* (*Street and Number*) 722 Lemmox St.

5. *Full Name of Mother,* Kate E. Burton, Stevenson

6. *Mother's Maiden Name,* Kate E. Burton

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* W. H. H. Stevenson.

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Walnut & Preston Sts.

Remarks,

8970001491

Wm. J. C. Dulany Co., City Printers and Stationers.

...ARTMENT OF HEALTH

1236.]

RETURN OF A BIRTH. 81867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th,
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th, 1897
4. *Place of Birth, (Street and Number)*	2116 Greenmount ave.
5. *Full Name of Mother,*	Mary Davis
6. *Mother's Maiden Name,*	Mary Dick.
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	P. J. Davis.
9. *Father's Occupation*	Saloon Keeper.
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M. D.,
Address,	
Remarks,	

8970001492

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the first and full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 81868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, March the 11, 1897

4. Place of Birth, (Street and Number) 1817 Fulton Terrace

5. Full Name of Mother, Sophia Levy

6. Mother's Maiden Name, Sophia F Frazier.

7. Mother's Birthplace, Calvert County.

8. Full Name of Father, David Levy.

9. Father's Occupation Hod carrier

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Rollins

Address, 611 Vincent street.

Remarks,

8970001493

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the same information as is required upon the certificate hereinafter mentioned. Within ten days after the birth of any child of which a record is required to be made, the physician or midwife in attendance, or if there be no physician or midwife in attendance, the father or mother of such child, or the householder in the house where such birth occurred, shall make a certificate of such birth, and deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, and the parents of such child shall be absent from the house where such birth occurred, the householder in the house where such birth occurred shall report the same to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

3.]

RETURN OF A BIRTH. 81869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Sixteenth~~ First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, March 17, 1897.
4. Place of Birth, (Street and Number) 1424 Chapell St.
5. Full Name of Mother, Susie L. Byrd.
6. Mother's Maiden Name, Susie L. Fortune
7. Mother's Birthplace, Essex Co Virginia
8. Full Name of Father, Fiddian G. Byrd.
9. Father's Occupation Driver
10. Father's Birthplace, Essex Co Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Collins

Address, 1025 Vincent Alley

Remarks,

8970001494

Wm. J. C. Dulany Co,. City Printers and Stationers.

been committed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* March 26 1897
4. *Place of Birth, (Street and Number)* 2426 E Biddle St
5. *Full Name of Mother,* Sally A Barnes
6. *Mother's Maiden Name,* " Melose
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Jesse D Barnes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. R G Davis M D

Address, 1525 N Caroline St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8477000 1495

RETURN OF A BIRTH. 81871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	March 26th 1897
4. *Place of Birth, (Street and Number)*	1630 N Gilmor
5. *Full Name of Mother,*	Alice Padgett
6. *Mother's Maiden Name,*	Durell
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	John Padgett
9. *Father's Occupation*	Car Conductor
10. *Father's Birthplace,*	Anne Geo Co Md
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	1529 Bolton St
Remarks,	

1 8 9 7 0 0 0 1 4 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26/97
4. Place of Birth, (Street and Number) 16. O'Donnough Str.
5. Full Name of Mother, Annie J. Biegler
6. Mother's Maiden Name, " C. Wolf
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Biegler
9. Father's Occupation Cannmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 249. S. Washington Str.

Remarks,

1897000 1497

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. *Sex, (state whether male or female)* Girls
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26/97
4. *Place of Birth, (Street and Number)* 2016 E. Lombard St.
5. *Full Name of Mother,* Theresa Heine Yaxt
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Heine
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2211 E. Washington St.

Remarks,

18970001498

month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 81874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 1897
4. *Place of Birth, (Street and Number)* 1924 Pennsylvania Ave
5. *Full Name of Mother,* Edgar Fagel Young
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* Christian Rastel
8. *Full Name of Father,* Rucksler
9. *Father's Occupation* Germany
10. *Father's Birthplace,* Dr. A. Meyers

Name of Medical Attendant, or other person who makes this Return, 527 Union Ave

Address,

Remarks,

8970001499

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 81875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First par

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 1st 1897

4. *Place of Birth, (Street and Number)* 1616 Division st

5. *Full Name of Mother,* Cora V Reed

6. *Mother's Maiden Name,* Cora — Rumpf

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* David H Reed

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Miss A Messenger

Address, 524 Hudson st

Remarks,

8 9 7 0 0 0 1 5 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st -

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, March 3 - 97

4. Place of Birth, (Street and Number) 578 Biddle Alley

5. Full Name of Mother, Addie Jackson

6. Mother's Maiden Name, Addie Crampton

7. Mother's Birthplace, Md

8. Full Name of Father, Thomas Jackson

9. Father's Occupation Coalman -

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, ~~Dr~~ T. W. Keown M D

Address, 548 W North Ave

Remarks,

1 8 9 7 0 0 0 1 5 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Mch. 31 1897

4. Place of Birth, (Street and Number) 1605 W Fayette st

5. Full Name of Mother, Blanche E. Hildebrand

6. Mother's Maiden Name, Sears

7. Mother's Birthplace, Texas

8. Full Name of Father, Frederick M Hildebrand

9. Father's Occupation Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edward H Landon MD

Address, 1405 W Fayette st

Remarks,

8 9 7 0 0 0 1 5 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its ... been delivered, duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered within the period above required, and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 81878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 12th

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* March 3rd 1897
3. *Date of Birth,* 558 Wilson St
4. *Place of Birth, (Street and Number)* Ella Mc Dermot
5. *Full Name of Mother,* Ella Murphy
6. *Mother's Maiden Name,* Baltic
7. *Mother's Birthplace,* Daniel Mc Dermot
8. *Full Name of Father,* Book Keeper
9. *Father's Occupation* Baltic
10. *Father's Birthplace,* Mrs Mussetter

Name of Medical Attendant, or other person who makes this Return, 524 Wilson St

Address,

Remarks,

8 9 7 0 0 0 1 5 0 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health, on the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 1897
4. Place of Birth, (Street and Number) ~~[illegible]~~ 421 W Biddle St
5. Full Name of Mother, Sarah Reece
6. Mother's Maiden Name, Sarah Davies
7. Mother's Birthplace, England
8. Full Name of Father, John D. Reece
9. Father's Occupation Medical Student
10. Father's Birthplace, Wales. Gt. B.

Name of Medical Attendant, or other person who makes this Return, T. W. Keown M.D

Address, 848 N. North Ave

Remarks,

8970001504

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births, &c. Every physician, midwife, or other person who shall have attended upon the birth of any child, or who shall have been present at the birth of any child, shall, within the period above required, and in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[M 1236.]

RETURN OF A BIRTH. 81881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1892
4. *Place of Birth, (Street and Number)* 662 Brayden St
5. *Full Name of Mother,* Amelia Tubman
6. *Mother's Maiden Name,* Fickey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Tubman
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Nuremehl

Address, 524 Wilson St

Remarks,

8 9 7 0 0 0 1 5 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81881

CERTIFICATE CORRECTED 4/12/[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name is Sam Gavronsky

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* male ~~Solomon~~
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 10 1897
4. *Place of Birth, (Street and Number)* #5 d. High st.
5. *Full Name of Mother,* Katie ~~Gavronsky~~ Gavronsky
6. *Mother's Maiden Name,* ~~Katie Gavronsky~~ Katie Gavronsky Berlin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* ~~Gavronsky~~ Louis Gavronsky
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Tropp

Address, #9 N. Exeter st.

Remarks,

8970001506

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* ~~Female~~ Abraham
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 13
4. *Place of Birth, (Street and Number)* 912 Stiles st.
5. *Full Name of Mother,* Jenny Gliazer
6. *Mother's Maiden Name,* Jacobson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Gliazer
9. *Father's Occupation* Cigar-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Tropp

Address, #9. N. Exeter st.

Remarks, One child is death

8 7 7 0 0 0 1 5 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1897
4. *Place of Birth, (Street and Number)* 1614 Calhoun St
5. *Full Name of Mother,* Emma Lang
6. *Mother's Maiden Name,* Emma Theiss
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John L. Lang
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Muenzel

Address, 524 Wilson Ave

Remarks,

18970001508

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Florence

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11th 97.
4. Place of Birth, (Street and Number) 1368 E. Chicksaw St.
5. Full Name of Mother, Ellen Lee Fogarty.
6. Mother's Maiden Name, Colvin
7. Mother's Birthplace, Balto.
8. Full Name of Father, P. J. Fogarty
9. Father's Occupation Traveling Salesman.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, 1801 Madison Ave.

Remark: Given name added 1/20/25 by undersigned Mother Florence Fogarty Gregory

8 9 7 0 0 0 1 5 0 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Mch. 19. 1897
4. Place of Birth, (Street and Number) 102 N. Monroe st
5. Full Name of Mother, Minnie A Kendall
6. Mother's Maiden Name, Osnaw
7. Mother's Birthplace, Md
8. Full Name of Father, Victor E. Kendall
9. Father's Occupation Clerk
10. Father's Birthplace, London Eng.

Name of Medical Attendant, or other person who makes this Return, Edward H. Gordon M.D.

Address, 1403 W. Fayette st

Remarks,

8970001510

from the time of the birth of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 22/97
4. *Place of Birth, (Street and Number)* 1305 Ground St. North.
5. *Full Name of Mother,* Virginia Lanham
6. *Mother's Maiden Name,* Dove
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jno. Earnest Lanham.
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Schnitzer M.D.

Address,

Remarks,

8970001511

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female Nellie Leselia Mullen
2. Race or Color, (if not of the white race)
3. Date of Birth, March 24 1897
4. Place of Birth, (Street and Number) 409 Young st
5. Full Name of Mother, Nellie O'Mullen
6. Mother's Maiden Name, Nellie Grove
7. Mother's Birthplace, America
8. Full Name of Father, George Mullen
9. Father's Occupation Electrician
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Tropp

Address, # 9. N. Exeter st.

Remarks,

8 9 7 0 0 0 1 5 1 2

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, and the date and place of birth; and the been conferred; its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of March 1897
4. *Place of Birth, (Street and Number)* 2021 Elliot St.
5. *Full Name of Mother,* Mary [illegible]
6. *Mother's Maiden Name,* Mary Hartlove
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Magruss
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Swayne

Address, 819 Eastern St

Remarks,

897U0015 13

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of their first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female -
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27th march - 1897
4. *Place of Birth, (Street and Number)* 815 N. Washington ave
5. *Full Name of Mother,* Annie V. Yeonley
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James L. Yeonley
9. *Father's Occupation,* Clerk -
10. *Father's Birthplace,* Baltimore -

Name of Medical Attendant, or other person who makes this Return, J. Galpin M.D.

Address, 1435 Aliceanna St

Remarks,

8970001514

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-7-51

RETURN OF A BIRTH 81890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Clifton Crist

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~to~~ I

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Mch 27-97
4. *Place of Birth, (Street and Number)* 106 N. Monroe St
5. *Full Name of Mother,* Lilly J. J. Crist
6. *Mother's Maiden Name,* Jeffers
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* Wm C. Crist
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Newark, Ohio.

Name of Medical Attendant, or other person who makes this Return. J. Wm Funck M.D.

DR. J. WM. FUNCK.

Address, 101 N. FULTON AVENUE. BALTIMORE

Remarks,

Health. This schedule shall contain a list of the births which have occurred under the observation of each person required to report the births in his charge, and shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. MULANY & CO., CITY PRINTERS AND STATIONERS.

18970001515

GIVEN NAME ADDED. 7-25-57

RETURN OF A BIRTH. 81891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Wright

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 27th 1897
4. Place of Birth, (Street and Number) 403 Waverly Ave.
5. Full Name of Mother, Laura V. Wright
6. Mother's Maiden Name, Laura V. Wiglet
7. Mother's Birthplace, Delaware
8. Full Name of Father, Martin Luther Wright
9. Father's Occupation Builder
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Jno J Wise

Address, 908 Southern Ave. Waverly

Remarks,

8 1 7 0 0 0 1 5 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Nov. 27th 1897
4. *Place of Birth, (Street and Number)* 919 Abraham St
5. *Full Name of Mother,* Louisa Pierson
6. *Mother's Maiden Name,* " Harding
7. *Mother's Birthplace,* Eastern Shore, Maryland
8. *Full Name of Father,* John Pierson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Harford Co. Md

Name of Medical Attendant, or other person who makes this Return, John Poppenberg M.D.

Address, John Hopkins Hospital, Baltimore, Md

Remarks,

1897 0001517

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of been conferred) its sex, color, the full name and occupation of its parents, the date and place of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between third day of each and every month to the office of the Commissioner of Health. In case the shall occur without the attendance of a physician or practitioner, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person child to report its birth to the Commissioner of Health, in the manner and within the period above any such person or persons who shall hereafter fail to comply with the provisions of this section jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 8749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27 97
4. Place of Birth, (Street and Number) # 1607 Thames St
5. Full Name of Mother, Mary Dusenski
6. Mother's Maiden Name, —
7. Mother's Birthplace, Germany
8. Full Name of Father, John Dusenski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Jroemak

Address, # 1710 Alice Anna St

Remarks, Full time

1897000151 8

This Schedule shall contain a list of all births which occur in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child and the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parent shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any
been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the
third day of each and every month to the office of the Commissioner of Health. In case the birth of
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

RETURN OF A BIRTH 1894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March the 27 1894
4. *Place of Birth, (Street and Number)* 1422 Chapel all st
5. *Full Name of Mother,* Rosa B Campbell
6. *Mother's Maiden Name,* Rosa B Clark
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Floyd Campbell
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 1635 Vincent ally

Remarks, 1894 0001519

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (~~state whether male or~~ female)* White.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 March 97,
4. *Place of Birth, (Street and Number)* 661 Lee & Warnet.
5. *Full Name of Mother,* Waltraud Mahn
6. *Mother's Maiden Name,* Rawdel.
7. *Mother's Birthplace,* " Balto City.
8. *Full Name of Father,* Henry C. Mahn
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace,* Balto City - Germany

Name of Medical Attendant, or other person who makes this Return, Catharine Minch

Address, No 800 Leadenhall St.

Remarks, OK.

1897 0001520

Health. This schedule shall contain a list of the ... the full name of each child, (if any ... month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person ... attendance upon the mother, immediately thereafter, it shall become the duty of the period above required ... child to report its birth to the Commissioner of Health, in the manner and within the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are ...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of March 94.
4. Place of Birth, (Street and Number) 1126 Carroll St.
5. Full Name of Mother, Ida Beusch
6. Mother's Maiden Name, Ida Heuksell
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius B. Beusch
9. Father's Occupation Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friedrike Keuler Midwife

Address, 216 W Pratt St

Remarks, 18970001521

and shall set forth as far as the same can be ascertained the full name of each child, if any such month, and shall set forth as far as the same can be ascertained the date and place of birth; and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any shall occur without the attendance of a physician or practioner of midwifery, or should no other person attendance upon the mother, immediately thereafter it shall become the duty of the person or parents child to report its birth to the Commissioner of Health, in the manner and within the period above required any such person or persons who shall hereafter fail to comply with the provisions of this section shall jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co., City Printers and Stationers

That any physician, accoucheur, midwife, or other person in attendance upon the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, at the office in Baltimore, the date of birth, sex, and color of the child or children, within six days thereafter, stating distinctly the date of birth of any child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 8177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Mar. 28, 1897

4. Place of Birth (Street and Number) 530 St. Paul St.

5. Full Name of Mother Allie Green

6. Mother's Maiden Name A. Jones

7. Mother's Birthplace N. C.

8. Full Name of Father Charles Green

9. Father's Occupation Waiter

10. Father's Birthplace Va.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Thompson

Address 526 St. Paul St.

Remarks 18970001522

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 th March 1897.
4. *Place of Birth, (Street and Number)* 1224 Hare st.
5. *Full Name of Mother,* Leocka Schminske
6. *Mother's Maiden Name,* Kalbfleisch
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Franz Schminske
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P. Schminske

Address, 2922 Ellicott st.

Remarks, 1897000 1523

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 th March 1897
4. *Place of Birth, (Street and Number)* 1245 Aisquith st.
5. *Full Name of Mother,* Anna Pabuszka
6. *Mother's Maiden Name,* Ruzinska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Stepan Pabuszka
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lissemann

Address, 2922 Elliott st

Remarks, 18970001524

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 8/7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, March 29 1/2 o'clock 97
4. Place of Birth, (Street and Number) #111 W Lexington Street City
5. Full Name of Mother, Martha E. L. Santos
6. Mother's Maiden Name, Martha Ballard
7. Mother's Birthplace, Tracis Landing A A County Md
8. Full Name of Father, Louis Santos
9. Father's Occupation, Porter
10. Father's Birthplace, Fairfield north Chamberlain

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8970001525

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents in whose house or tenement the birth shall occur, in the manner and within the period above required, to report its birth to the Commissioner of Health, in the manner and within the period above required, to comply with the provisions of this section shall be guilty of a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 march 1897
4. *Place of Birth, (Street and Number)* bradey ave near valley st
5. *Full Name of Mother,* ellen bladen
6. *Mother's Maiden Name,* ellen bladen
7. *Mother's Birthplace,* baltimore city
8. *Full Name of Father,* joseph bruner
9. *Father's Occupation* store cutter
10. *Father's Birthplace,* baltimore city

Name of Medical Attendant, or other person who makes this Return, mayo kimball

Address,

Remarks,

1897000001526

month, and shall set forth as far as the same can be ascertained (1) the date and place of birth; (2) the full name and occupation of its parents, the date and place of birth; and (3) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (4) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (5) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (6) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (7) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (8) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (9) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (10) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (11) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (12) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (13) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (14) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (15) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (16) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (17) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (18) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (19) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (20) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (21) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (22) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (23) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (24) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (25) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (26) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (27) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (28) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (29) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (30) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (31) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (32) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (33) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (34) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (35) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (36) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (37) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (38) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (39) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (40) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (41) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (42) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (43) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (44) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (45) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (46) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (47) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (48) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (49) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (50) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (51) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (52) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (53) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (54) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (55) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (56) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (57) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (58) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (59) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (60) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (61) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (62) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (63) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (64) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (65) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (66) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (67) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (68) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (69) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (70) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (71) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (72) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (73) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (74) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (75) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (76) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (77) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (78) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (79) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (80) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (81) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (82) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (83) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (84) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (85) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (86) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (87) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (88) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (89) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (90) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (91) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (92) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (93) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (94) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (95) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (96) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (97) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (98) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (99) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (100) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (101) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (102) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (103) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (104) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (105) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (106) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (107) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (108) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (109) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (110) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (111) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (112) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (113) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (114) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (115) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (116) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (117) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (118) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (119) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (120) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (121) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (122) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (123) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (124) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (125) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (126) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (127) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (128) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (129) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (130) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (131) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (132) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (133) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (134) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (135) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (136) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (137) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (138) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (139) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (140) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (141) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (142) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (143) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (144) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (145) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (146) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (147) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (148) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (149) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (150) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (151) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (152) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (153) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (154) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (155) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (156) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (157) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (158) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (159) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (160) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (161) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (162) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (163) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (164) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (165) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (166) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (167) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (168) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (169) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (170) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (171) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (172) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (173) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (174) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (175) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (176) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (177) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (178) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (179) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (180) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (181) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (182) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (183) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (184) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (185) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (186) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (187) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (188) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (189) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (190) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (191) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (192) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (193) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (194) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (195) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (196) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (197) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (198) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (199) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (200) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (201) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (202) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (203) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (204) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (205) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (206) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (207) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (208) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (209) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (210) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (211) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (212) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (213) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (214) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (215) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (216) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (217) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (218) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (219) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (220) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (221) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (222) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (223) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (224) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (225) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (226) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (227) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (228) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (229) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (230) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (231) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (232) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (233) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (234) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (235) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (236) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (237) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (238) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (239) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (240) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (241) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (242) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (243) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (244) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (245) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (246) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (247) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (248) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (249) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (250) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (251) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (252) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (253) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (254) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (255) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (256) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (257) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (258) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (259) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (260) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (261) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (262) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (263) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (264) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (265) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (266) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (267) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (268) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (269) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (270) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (271) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (272) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (273) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (274) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (275) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (276) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (277) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (278) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (279) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (280) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (281) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (282) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (283) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (284) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (285) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and (286) the full name and occupation of the person by whom the birth certificate has been conferred) its sex, color, the full name and occupation of its parents,

RETURN OF A BIRTH. 81901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colrd.
3. Date of Birth, 26 of March 1897
4. Place of Birth, (Street and Number) 1103 Eutaw St
5. Full Name of Mother, Mary Woolday
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles
9. Father's Occupation Labor Nobby
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary J Swann

Address, 94 Canton St.

Remarks, 1897000527

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such child shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner it shall be satisfactorily proved to the Commissioner of Health, in the manner and within the period above required, and immediately thereafter it shall become the duty of the mother, in the absence of the attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28 '97
4. *Place of Birth, (Street and Number)*	617 George
5. *Full Name of Mother,*	Mrs. Elizabeth A. Heuerman
6. *Mother's Maiden Name,*	" " Litz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John A Heuerman
9. *Father's Occupation*	B. City Fire Dept
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Thos Chew Worthington
Address,	840 W. Fayette St
Remarks,	

1897 0001528

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 84903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Born March 28 1897
4. *Place of Birth, (Street and Number)*	219 N York St
5. *Full Name of Mother,*	Mary J Wallace
6. *Mother's Maiden Name,*	" Dennis
7. *Mother's Birthplace,*	Calvert Conty Md
8. *Full Name of Father,*	Stephen Wallace
9. *Father's Occupation,*	Pullmans Palace Car Porter
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Emma Hughes
Address,	652 Eider Alley
Remarks,	897009 Baltimore Md

Baltimore under whose charge of superintendence a birth shall happen shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28 1897.
4. *Place of Birth, (Street and Number)* No. 1013 E. North ave.
5. *Full Name of Mother,* Mabel Addison
6. *Mother's Maiden Name,* Mabel Cunningham
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Frank Addison
9. *Father's Occupation* Paper Hanger.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1241 Hanover ave

Remarks,

+ 8 9 7 0 0 0 1 5 3 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. It shall be the duty of the Commissioner of Health to comply with the provisions of this section and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co,. City Printers and Stationers.

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Penalty. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 81705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 28 1905. 3.35 A. M.
4. *Place of Birth, (Street and Number)* 120 Addison Alley.
5. *Full Name of Mother,* Pauline Wolf.
6. *Mother's Maiden Name,* Kirmess.
7. *Mother's Birthplace,* Berlin - Germany.
8. *Full Name of Father,* John Wolf
9. *Father's Occupation* Candy - Maker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, L. M. Kaune,

Address, 1412. Eutaw Place.

Remarks,

1847000 1531

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W —
3. *Date of Birth,* 28 day of March 1897
4. *Place of Birth, (Street and Number)* 1012 N. Gilmor St
5. *Full Name of Mother,* Bertha B. De Ford
6. *Mother's Maiden Name,* Groscup
7. *Mother's Birthplace,* Hartford County Md —
8. *Full Name of Father,* Paul S. DeFord
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Paul S. DeFord M.D

Address,

Remarks,

1897 0001532

Health. This blank is to be filled out as far as the same can be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained, the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 81407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colite
3. *Date of Birth,* 28 March
4. *Place of Birth, (Street and Number)* 1010 Hillman st
5. *Full Name of Mother,* Annastatia McKenna.
6. *Mother's Maiden Name,* Annastatia Smith.
7. *Mother's Birthplace,* Baltimore md.
8. *Full Name of Father,* Felix McKenna.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Smith Kudsuipe

Address, 417 E. Eager st.

Remarks, 1897000 1533

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28, 1897.
4. Place of Birth, (Street and Number) 1022 W. Lombard St
5. Full Name of Mother, Emma V. Stier
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis R. Stier
9. Father's Occupation Car Builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. Norwood Lee

Address, 829 W. Fayette St

Remarks,

1897000001534

be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation said schedule shall be delivered, duly signed by the practi third day of each and every month to the office of the C shall occur without the attendance of a physician or prac attendance upon the mother, immediately thereafter it sh child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to com jected to the fine of ten (10) dollars for each offence, to be

of the Commissioner of Health. In case the birth of any child or practioner of midwifery, or should no other person be in er it shall become the duty of the person or parents of such lth, in the manner and within the period above required, and to comply with the provisions of this section shall be sub- to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 March 1897
4. *Place of Birth, (Street and Number)* 202 Williams St.
5. *Full Name of Mother,* Mary Meyer
6. *Mother's Maiden Name,* Mary Ritter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Meyer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Aloys J. Swoyer

Address, 89 Canton St.

Remarks, 1897 0001535

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(10)

RETURN OF A BIRTH. 81910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 March
4. Place of Birth, (Street and Number) 1912 E. Baltimore St
5. Full Name of Mother, Cristina Ortman
6. Mother's Maiden Name, Cristina Murph.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Hurrey Ortman?
9. Father's Occupation Confectionary
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Dirk Hedrick

Address, 1917 E. Eager St

Remarks, 1 8 9 7 0 0 0 1 5 3 6

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 81911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 29 - 1897
4. *Place of Birth, (Street and Number)*	21 North Wolfe and
5. *Full Name of Mother,*	Francis M. Reichle
6. *Mother's Maiden Name,*	Francis M. Reichle
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Edward M. J. Reichle
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Jos Abramson
Address,	128 to 13 Broadway
Remarks,	

1897000 1537

JOHN B. PIET, PRINTER & STATIONER, BALT.

[illegible]

RETURN OF A BIRTH. 8/912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Benjamin F. Westerfield ~~, Jr.~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29th 1897.
4. Place of Birth, (Street and Number) 517 - E. 23d St.
5. Full Name of Mother, - Ella Westerfield
6. Mother's Maiden Name, - Ella Batchelor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benj. F. Westerfield
9. Father's Occupation Compositor
10. Father's Birthplace, Upper Marlboro, P. G. Co. Md.

Name of Medical Attendant, or other person who makes this Return Chas. E. Brack M.D.

Address, 20th & Greenmount Ave.

Remarks, 1897 0001538

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 29 1897.
4. *Place of Birth, (Street and Number)* 300 Roland ave.
5. *Full Name of Mother,* Mary Elizabeth McCracken.
6. *Mother's Maiden Name,* Gracklin.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Andrew Jackson McCracken.
9. *Father's Occupation* Watchman at mills.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8970001539

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29/97
4. Place of Birth, (Street and Number) 202 N. Montford Ave.
5. Full Name of Mother, Carry Klauenberg Hofmeister
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Klauenberg
9. Father's Occupation, Runner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 247 S. Washington St.

Remarks, 1897 0001540

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner hereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March 29th 1897.
4. *Place of Birth, (Street and Number)* 2005 Lanvale St City.
5. *Full Name of Mother,* Emma Roberts.
6. *Mother's Maiden Name,* Emma Dunnock.
7. *Mother's Birthplace,* Eastern Shore Md Dorchester Co.
8. *Full Name of Father,* George Smith.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Maria Wright.

Address, 823 Enson St City.

Remarks, None.

8970001541

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the (full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 29th 1897
4. *Place of Birth, (Street and Number)* Balto. 1008 Hanover St.
5. *Full Name of Mother,* Anna Lee Willing
6. *Mother's Maiden Name,* Anna Lee Robertson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Howard Earnest Willing
9. *Father's Occupation* Quarter-master
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Catherine Mizusky

Address, 800 Leadenhall Street.

Remarks,

1897 0001542

Wm. J. C. Dulany Co., City Printers and Stationers.

...on blank schedule, to be furnished by the Commissioner, the same on blank schedule, to be furnished by the Commissioner, and shall enter the same on blank schedule, to be furnished by the Commissioner, and shall enter the same on blank schedule, to be furnished by the Commissioner, and shall enter

RETURN OF A BIRTH. 81917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th
4. *Place of Birth, (Street and Number)* 1315 Patapsco st
5. *Full Name of Mother,* Molly Braun
6. *Mother's Maiden Name,* Molly Hoffman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand Braun
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Minder

Address, 800 Ladenhall Street.

Remarks,

8 4 7 0 0 0 1 5 4 3

births which have occurred under his or her care during the
register of such birth, and shall enter the name of the child, if any shall have
Health. This schedule shall contain a list of the births which have occurred in each child, if any shall have
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner in the form of a certificate be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re

pation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* August 6th 1897

4. *Place of Birth, (Street and Number)* 1203 Druid st. Balto Md

5. *Full Name of Mother,* Judith Graciela Westcott

6. *Mother's Maiden Name,* Judith Graciela Richardson

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* William Bailey Westcott

9. *Father's Occupation* Porter & Driver

10. *Father's Birthplace,* Hampton Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Bailey

Address, 1203 Druid St.

Remarks, 1897 0001544

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/9/9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 March 1897
4. *Place of Birth, (Street and Number)* 923 Eastern Ave
5. *Full Name of Mother,* Scolastica Fusco
6. *Mother's Maiden Name,* S. Jannarelli
7. *Mother's Birthplace,* Ceraguolo Italy
8. *Full Name of Father,* G. Antonio Jannarelli
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Belmonte Castello, Co. Italia

Name of Medical Attendant, or other person who makes this Return. Paluna Jannarelli

Address, 923 Eastern Ave

Remarks, Anna Jannarelli

8 4 7 0 0 0 1 5 4 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 17 1897
4. *Place of Birth, (Street and Number)* 519 N. Washington st
5. *Full Name of Mother,* Louisa Lobaefer
6. *Mother's Maiden Name,* " Keith
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Harry Lobaefer
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, P. G. Dauchouer

Address, 1731 E. Balto. st

Remarks,

1897000001546

Wm. J. C. Dulany Co., City Printers and Stationers.

...ne shall be delivered, duly signed by the practitioner ... of its parents, the date and place of birth ... and the ...
...third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ...
...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...
...attendance upon the mother, immediately thereafter it shall become the duty of such ...
...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...
...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Mar 20. 1897
4. *Place of Birth, (Street and Number)* 1704 Lanvale St
5. *Full Name of Mother,* Grace Hastup Dillon
6. *Mother's Maiden Name,* Grace Hastup.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Monroe Dillon
9. *Father's Occupation* Barber
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, William A. B Sillman M.D
5 E. Biddle St.

Address,

Remarks, 18970001547

---

the full name of each child, (if any shall have
ts parents, the date and place of birth; and the
in the form of a certificate between the first and
ssioner of Health. In case the birth of any child
of midwifery, or should no other person be in
come the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
red as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, the full name and occupation of its pare
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practioner of mi
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 28. 97
4. *Place of Birth, (Street and Number)* Harlem Ave and Carey St
5. *Full Name of Mother,* Lizzie Volke
6. *Mother's Maiden Name,* Gerke
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Ernst Volke
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, William A. V. Sellman M.D.

Address, 5 E. Biddle St.

Remarks, 1897 0001548

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in the family of each householder during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

336.]

RETURN OF A BIRTH. 81923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 1523 Druid st.

4. Place of Birth, (Street and Number) Madison 20.

5. Full Name of Mother, Annie Brown.

6. Mother's Maiden Name, Annie Adison

7. Mother's Birthplace, Baltimore Co md

8. Full Name of Father, James Brown.

9. Father's Occupation labor work

10. Father's Birthplace, Carrill Co md

Name of Medical Attendant, or other person who makes this Return, Sarah Robeson

Address, 1695 wright alley

Remarks, 18970001549

Wm. J. C. Dulany Co,. City Printers and Stationers.

[136.]

RETURN OF A BIRTH. 81734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	30. March.
4. *Place of Birth, (Street and Number)*	4. Louis. Street
5. *Full Name of Mother,*	Maga Gaigy.
6. *Mother's Maiden Name,*	Maga Copper.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Gaigy
9. *Father's Occupation*	Schiffs. Kalfaventor.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Klass.
Address,	N-E. Nord. Wolfe. Sts.
Remarks,	1897000550

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 30. March. 1897
4. Place of Birth, (Street and Number) 2427. Fayette. Street.
5. Full Name of Mother, Kunegunde Doerfler.
6. Mother's Maiden Name, Kunegunde Fraser.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Doerfler.
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Klass.

Address, A-9. Nord. Wolfe. Street

Remarks, 18970001551

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8/926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31/97
4. *Place of Birth, (Street and Number)* 1744 E. Lombard St.
5. *Full Name of Mother,* Mary Mack
6. *Mother's Maiden Name,* " Thime
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August Mack
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St

Remarks,

1897 0001552

Health. This schedule shall contain a true statement of the facts required to be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 of March 1897
4. *Place of Birth, (Street and Number)* 721 East Ave
5. *Full Name of Mother,* Barbar Sanser
6. *Mother's Maiden Name,* Barbar Sanser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry
9. *Father's Occupation* Processor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Swayne

Address, 824 Eastern St

Remarks, 1897000 1553

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/1928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30/97
4. Place of Birth, (Street and Number) 816 N. Washington St.
5. Full Name of Mother, Dora Snyder
6. Mother's Maiden Name, " Ueber
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Leo Knott Snyder
9. Father's Occupation, Motor Maker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Henry Oxnam Hyland M.D.

Address, 1435 N. Broadway

Remarks, 1897000 1554

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 30
4. *Place of Birth, (Street and Number)*	1337 Ramsay
5. *Full Name of Mother,*	Mrs Maggie Carroll Hennick
6. *Mother's Maiden Name,*	Bilty
7. *Mother's Birthplace,*	Mass
8. *Full Name of Father,*	Hennick
9. *Father's Occupation*	R.R.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. D. Ullrich
Address,	11 N Carey St.
Remarks,	

1897000 1555

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336.]

RETURN OF A BIRTH. 81930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 30. 1897
4. *Place of Birth, (Street and Number)* Rear 31 Waverly
5. *Full Name of Mother,* Emma Owens
6. *Mother's Maiden Name,* Emma Edwards
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Archer Owens
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Gustus E Bailey

Address, # 8 Talbot St Waverly

Remarks, Well

1897 0001556

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 th March.
4. *Place of Birth, (Street and Number)* 1444 Bel Air St.
5. *Full Name of Mother,* Elizabeth Seark
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Seark
9. *Father's Occupation,* Pottery
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. Mfm

Address, 1331 Hull St. Locust Point

Remarks, 1897000 1557

Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 30 1897
4. *Place of Birth, (Street and Number)* 322 Hoffman st
5. *Full Name of Mother,* Alice Virginia Cooling Brady
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Carroll Co. Maryland
8. *Full Name of Father,* William Brady
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, W. R. Mackenzie M. D.

Address, 1221 Madison Avenue

Remarks,

1897 0001558

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the office of the Commissioner of Health, at the Health Office, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and the last day of the month, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers

236.]

Health. The attending physician or midwife in attendance shall write the full name of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 30th 1897
4. *Place of Birth, (Street and Number)*	116 N Dolfe Street
5. *Full Name of Mother,*	Livia Belbyn
6. *Mother's Maiden Name,*	Gerhune
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick H Belbin
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	1897 0001559

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81934

GIVEN NAME ADDED 5-16-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Annie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30/97
4. Place of Birth, (Street and Number) 1115 Greenmount Ave.
5. Full Name of Mother, Elizabeth Gerhold
6. Mother's Maiden Name, " Kern
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Gerhold
9. Father's Occupation Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 291 S. Washington Pl.

Remarks,

1897 0001560

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1230.]

RETURN OF A BIRTH. 81935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 30 1897
4. Place of Birth, (Street and Number) 1526 Bayless st.
5. Full Name of Mother, Lottie Martin
6. Mother's Maiden Name, Lottie Hueber
7. Mother's Birthplace, Annarica
8. Full Name of Father, William Martin
9. Father's Occupation Labor
10. Father's Birthplace, Annarica

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

1897000015611

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 84936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th 30. 1897
4. *Place of Birth, (Street and Number)* Mowra st # 3004
5. *Full Name of Mother,* Mary E Gerling
6. *Mother's Maiden Name,* Mary E Brannan
7. *Mother's Birthplace,* indiana st
8. *Full Name of Father,* Charles H Gerling
9. *Father's Occupation* iron molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Fellen

Address, # 1922 Wilkins Ave

Remarks,

1 8 9 7 0 0 0 1 5 6 2

Health. This schedule shall contain a list of the births which shall have occurred during each month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 81937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31 - 1897
4. *Place of Birth, (Street and Number)* 1619 John St
5. *Full Name of Mother,* Maggie Kirby
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Jno S. Kirby
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Edwin K. Ballard M.D.

Address,

Remarks,

1897 0001563

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Th
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 31/97
4. *Place of Birth, (Street and Number)*	#723 Lancaster St
5. *Full Name of Mother,*	Mary Pribelewski
6. *Mother's Maiden Name,*	–
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Martin Pribelewski
9. *Father's Occupation*	Laboer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Annie Grosmal
Address,	#1710 Alice Anna St
Remarks,	Full time

1897000 1564

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 31 / 97

4. *Place of Birth, (Street and Number)* No 964 N Gilmor Str

5. *Full Name of Mother,* Minnie Bennett

6. *Mother's Maiden Name,* Ritzer

7. *Mother's Birthplace,* Gunpowder Grad. Md.

8. *Full Name of Father,* John Bennett

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Evans

Address, No 1907 E Monument Str

Remarks,

18970001565

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in his district during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31st 1877
4. *Place of Birth, (Street and Number)* 1615 N. Gilmor St
5. *Full Name of Mother,* Julia Dillon
6. *Mother's Maiden Name,* Julia Donnelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Dillon
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Martha Griffin

Address, 1648 Gilmor St

Remarks,

| 8 9 7 0 0 0 1 5 6 6 |

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 31, 1897
4. *Place of Birth, (Street and Number)* 217 Harper St
5. *Full Name of Mother,* Ellnor Dickson
6. *Mother's Maiden Name,* Ellnor Babington
7. *Mother's Birthplace,* Eastern Shore Md
8. *Full Name of Father,* William H Dickson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Hester Cortance

Address, 307 Truxton St

Remarks,

1897000001567

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3/97
4. *Place of Birth, (Street and Number)* 222. N. Washington St.
5. *Full Name of Mother,* Mary L. Vogel
6. *Mother's Maiden Name,* Knencker
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Phillip Vogel
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

1897U0001568

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. This schedule shall contain a list of the births which have occurred since the last preceding return, and a like list shall be returned monthly thereafter by each physician, midwife or other person who shall have been in attendance upon any birth; and in case any shall have occurred in any family without medical attendance, the head of such family shall return the particulars of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31. (8.10 A. M.)
4. *Place of Birth, (Street and Number)* 1572 Richland Street.
5. *Full Name of Mother,* Emma Mathilde Hopwood.
6. *Mother's Maiden Name,* Hatten
7. *Mother's Birthplace,* Cooksville? St. of Md.
8. *Full Name of Father,* Charles Washington Hopwood.
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Frederick City - Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8 7 7 0 0 0 1 5 6 9

SECTION 7.—And be it further enacted and ordained, that every midwife or practitioner of medicine who shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31-97
4. Place of Birth, (Street and Number) 1828 Patterson Ave
5. Full Name of Mother, Anna Rodgers
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Pa
8. Full Name of Father, James Rodgers
9. Father's Occupation Tinner
10. Father's Birthplace, Harford Co

Name of Medical Attendant, or other person who makes this Return, Dr Fahey.

Address, 2770 Druid Hill ave.

Remarks, 1897000157 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31. (2. 30. A. M.
4. *Place of Birth, (Street and Number)* 233 E. Heath Street.
5. *Full Name of Mother,* Mary Barbara Leinner,
6. *Mother's Maiden Name,* Tippelt.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Leonard Osburn? Leinner,
9. *Father's Occupation* Salesman,
10. *Father's Birthplace,* Balto. Md.

* *Name of Medical Attendant,* or other person who makes this Return, Dr. M. Kraus (for the

Address, Mothers Relief Society) 1412 Eutaw Place

Remarks,

1 8 9 7 0 0 0 1 5 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) N
3. Date of Birth, Mar. 31/97
4. Place of Birth, (Street and Number) 23 Angio ad.
5. Full Name of Mother, Catherine Kilson
6. Mother's Maiden Name, " Rohleder
7. Mother's Birthplace, B.C
8. Full Name of Father, John Kilson
9. Father's Occupation, printer
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, Geo L. McKim

Address, 6 N. Bway

Remarks,

1897000 1572

Health. This Return must be made as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31st March 1897
4. *Place of Birth, (Street and Number)* 533 N Wolfe St
5. *Full Name of Mother,* Margaret O'Neil
6. *Mother's Maiden Name,* Eastace
7. *Mother's Birthplace,* Ire
8. *Full Name of Father,* John O'Neil
9. *Father's Occupation* Boiler Plat
10. *Father's Birthplace,* Ire

Name of Medical Attendant, or other person who makes this Return, D. P. Ross

Address, 1935 E. Baltimore St

Remarks, 1897000 1573

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 81948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 31, 1897
4. Place of Birth (Street and Number)	1011 Argyle Ave.
5. Full Name of Mother	Mrs. John H. Thomas
6. Mother's Maiden Name	Rhoanna Smith
7. Mother's Birthplace	Virginia
8. Full Name of Father	John H. Thomas
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. F. Smith M. D.
Address	1010 Madison Ave.
Remarks	

1897 0001574

1336.]

RETURN OF A BIRTH. 81949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1897
4. *Place of Birth, (Street and Number)* 1229 Hanover St
5. *Full Name of Mother,* Lizzie Rudolph
6. *Mother's Maiden Name,* Lizzie Feury
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Lawrence Rudolph
9. *Father's Occupation* Engnr
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brookes

Address, 1828 Light St

Remarks, Twins Well

1897 0001575

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 28 1897
4. *Place of Birth, (Street and Number)* 523 Orford St
5. *Full Name of Mother,* Martha Graybeater
6. *Mother's Maiden Name,* Martha Green
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George Graybeater
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Lester Cotanee

Address, 509 Preston St

Remarks,

1897 0001576

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. [illegible] ascertained the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 March
4. *Place of Birth, (Street and Number)* 913 Lee St
5. *Full Name of Mother,* Annie Levin
6. *Mother's Maiden Name,* Linderman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyman Levin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Max R Miller

Address, 302 E Lexington St

Remarks,

8770001577

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 8 March

4. *Place of Birth, (Street and Number)* 203 ½ Central Ave

5. *Full Name of Mother,* Katie Lavine

6. *Mother's Maiden Name,* Miller

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Aleppo Lavine

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return, Mac R Ulrey

Address, 1302 E Lexington

Remarks,

8770001578

Health. This Schedule shall contain a list of all births which may occur in each month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 Feb 28 March
4. *Place of Birth, (Street and Number)* 1218 Lexington
5. *Full Name of Mother,* Ida Elison
6. *Mother's Maiden Name,* Bruce
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Elison
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrich

Address, 1218 Lexington

Remarks,

1897000 01579

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 March
4. *Place of Birth, (Street and Number)* 1232 Jackson
5. *Full Name of Mother,* Augusta Cunbeck
6. *Mother's Maiden Name,* Bayerstoff
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm Cunbeck
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary R Ellis

Address, 1302 E Lexington St

Remarks,

+ 8 9 7 0 0 0 1 5 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March 31st 1897
4. Place of Birth, (Street and Number) Columbia av B&OR Rd
5. Full Name of Mother, Eliza - Campbell
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Anerandall Co
8. Full Name of Father, Earnst Campbell
9. Father's Occupation, Stable Boss
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Caroline - Queen

Address, 1066 Raburg st

Remarks,

1897 0001581

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH. 81956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* (Female) Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 March - 1897
4. *Place of Birth, (Street and Number)* 204 Short St
5. *Full Name of Mother,* Clara (Fletcher) Schaffine
6. *Mother's Maiden Name,* (Bruch) Clara Bruch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Peter Stoffer Schaffine
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrich

Address, 1302 E Lexington

Remarks, Full name of child - Peter Schaffine

1897000001582

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 2 nd
4. *Place of Birth, (Street and Number)* 818 Stockholm St
5. *Full Name of Mother,* Alice Graves
6. *Mother's Maiden Name,* Alice Hardy
7. *Mother's Birthplace,* Eastern Shore Va
8. *Full Name of Father,* William Graves
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm St

Remarks,

1897 0001583

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the given name of each child, if any shall have been ascertained the full name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank Schedule furnished for the purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12 March 1897
4. Place of Birth, (Street and Number) Smallwood St 316
5. Full Name of Mother, Viktoria Anna Schmale
6. Mother's Maiden Name, Kl. A. Amberhelm
7. Mother's Birthplace, Pforzheim. Baden. Germany
8. Full Name of Father, Albert Friedrich Schmale
9. Father's Occupation, Clerk
10. Father's Birthplace, Pforzheim. Baden. Germany

Name of Medical Attendant, or other person who makes this Return, W. G. Reinhard

Address, 220 W Madison Street

Remarks,

1897000 1584

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-5-56

RETURN OF A BIRTH 81959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Plitt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 March 1897
4. Place of Birth, (Street and Number) 2330 Druid Hill Ave
5. Full Name of Mother, Anna Plitt
6. Mother's Maiden Name, Anna Gepner
7. Mother's Birthplace, Diedenhopf Germany
8. Full Name of Father, Louis A. G Plitt
9. Father's Occupation, Lithographer
10. Father's Birthplace, Diedenhopf Germany

Name of Medical Attendant, or other person who makes this Return. Dr Reinhard

Address, 220 W Madison St.

Remarks,

1897000585

Baltimore City, ss. The Commissioner of Health shall cause the same on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 16
4. *Place of Birth, (Street and Number)* Baltimore, 1337 Hard st
5. *Full Name of Mother,* Harriet Matthews
6. *Mother's Maiden Name,* Harriet Lee
7. *Mother's Birthplace,* Westmoreland, Va
8. *Full Name of Father,* George W. Matthews
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Grace Harris M.D.

Address, 818 Stockholder

Remarks,

1897 0001586

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26
4. *Place of Birth, (Street and Number)* 914 Hartford Ave
5. *Full Name of Mother,* Mary Finigan
6. *Mother's Maiden Name,* Mary E. O'Meguire
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Finigan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

1 8 9 7 0 0 0 1 5 8 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 22 March

4. *Place of Birth, (Street and Number)* 36 E Hill St

5. *Full Name of Mother,* Catina Thornton

6. *Mother's Maiden Name,* Catina Fowlkes

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John D Thornton

9. *Father's Occupation* Tobacco Driver

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Fowlkes

Address,

Remarks,

1897000 1588

Health. This schedule shall contain a list of the births which have occurred since the last report, the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

CERTIFICATE CORRECTED 2-7-52

RETURN OF A BIRTH. 81963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Rose ~~Klein~~ Klein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28th of March 1897
4. Place of Birth, (Street and Number) 2043 Orleans St
5. Full Name of Mother, Elizabeth (Klein) Klein
6. Mother's Maiden Name, Elizabeth Rose
7. Mother's Birthplace, Spangelberg. Hessia.
8. Full Name of Father, Wolles (Klein) Klein
9. Father's Occupation Mechanic
10. Father's Birthplace, Mechanicsburg, Pa.

Name of Medical Attendant, or other person who makes this Return, Dr. Reinhard

Address, 220 W Madison Street

Remarks,

8 9 7 0 0 0 1 5 8 9

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Nov 3rd '97
4. *Place of Birth, (Street and Number)* J. H. Hospital
5. *Full Name of Mother,* Annie Ford
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Illegitimate
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Geo W Goblin

Address, J H Hospital.

Remarks,

8970001590

Health. This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21st 97
4. Place of Birth, (Street and Number) J. H. Hospital
5. Full Name of Mother, Louisa May
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Negative
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wrote to Dr Obrien Jan 6th
Address, J H Hospital
Remarks,

1 8 9 7 U 0 0 1 5 9 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 4 th 97
4. *Place of Birth, (Street and Number)* J. H. Hospital
5. *Full Name of Mother,* Frda Jang
6. *Mother's Maiden Name,* " Leidman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno. Jang
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo C Doblin

Address, J H Hospital

Remarks,

8 9 7 U 0 0 1 5 9 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the (full) name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 5th 97
4. Place of Birth, (Street and Number) J.H. Hospital
5. Full Name of Mother, Inez Parker
6. Mother's Maiden Name, Hodges
7. Mother's Birthplace, Virginia
8. Full Name of Father, R. C. Parker
9. Father's Occupation Oysterman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs W Dobbin

Address, J H Hospital

Remarks,

1897 U 0 0 1593

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 6th 97
4. *Place of Birth, (Street and Number)* J. H. Hospital
5. *Full Name of Mother,* Mary Dribbing Dean
6. *Mother's Maiden Name,* Id
7. *Mother's Birthplace,* Wm Dribbing
8. *Full Name of Father,* Plumber
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin J H Hospital

Address,

Remarks,

897 U 0001594

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 1897
4. Place of Birth, (Street and Number) 150 S Millemon St
5. Full Name of Mother, Emma Barry
6. Mother's Maiden Name, Adams
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Harry M. Barry
9. Father's Occupation Butler
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sowers M.D.

Address, 1400 Jefferson St

Remarks,

8 9 7 0 0 0 1 5 9 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 1897
4. *Place of Birth, (Street and Number)* 416 N. Central Ave
5. *Full Name of Mother,* Veronica Kennin
6. *Mother's Maiden Name,* " Slater
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frank Kennin
9. *Father's Occupation* Carpenter Living Slater
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Dever M.D.

Address, 1100 E. Fayette St

Remarks,

8970001596

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 81970 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth,* March 29. ~~September 29.~~ 1897.
4. *Place of Birth, (Street and Number)* No 1,148 N. Fenton st.
5. *Full Name of Mother,* Carrie Farson.
6. *Mother's Maiden Name,* Carrie Fink.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Percy Farson.
9. *Father's Occupation,* a Tinner
10. *Father's Birthplace,* Kent county Md.

Name of Medical Attendant, or other person who makes this Return.

Address, Theresa Geller, No 906 Druid Hill ave.

Remarks,

8 4 7 0 0 0 1 5 9 7

Rules: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 81971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 16 th 97
4. *Place of Birth, (Street and Number)* J. H. Hospital
5. *Full Name of Mother,* Bertha Peterson
6. *Mother's Maiden Name,* Mag
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Pillman
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Oblin Jr M D

Address, J H Hospital

Remarks,

8 9 7 0 0 0 1 5 9 8

Health. [illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 16th 97
4. Place of Birth, (Street and Number) 873 Franklin St. Balto. Md.
5. Full Name of Mother, Daisy S. Barron
6. Mother's Maiden Name, Daisy S. Davidson
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph T. Barron
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jno. T. McCarthy M.D.

Address, 626 George St.

Remarks,

897000 1599

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mon. 22nd 97
4. *Place of Birth, (Street and Number)* J. H. Hospital
5. *Full Name of Mother,* Mrs. Ed. D. Pusey
6. *Mother's Maiden Name,* Mrs Ann A Southgate
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Ed. D. Pusey
9. *Father's Occupation* Teacher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D
J H Hospital

Address,

Remarks,

1897 U 0 0 1 6 0 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th
4. Place of Birth, (Street and Number) 412 Pinckney
5. Full Name of Mother, Emma Mitchell McInerney
6. Mother's Maiden Name, Emma Mitchell
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm J McInerney
9. Father's Occupation Clerk
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return J. T. McCarthy M. D.

Address, 626 George St

Remarks,

8 9 7 0 0 0 1 6 0 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 81976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 25th 1897
4. *Place of Birth, (Street and Number)* J. H. Hospital
5. *Full Name of Mother,* Mrs. Violet Hoff.
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Balt. Co.
8. *Full Name of Father,* C. A. Hoff
9. *Father's Occupation* Insurance
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. W. Robertson M.D.

Address, J. H. Hospital

Remarks,

8970001602

Baltimore under whose charge of supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Male
3. *Date of Birth,* 28th March 1897
4. *Place of Birth, (Street and Number)* 1514 Eaton st
5. *Full Name of Mother,* Maggie Ludwig
6. *Mother's Maiden Name,* Maggie Lauerland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hatton Ludwig
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Magdelene Bauer

Address, 1610 N Gilmor st

Remarks,

1897 0 0 0 1 6 0 3

Health. This schedule shall contain a list of the [illegible] the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Mar. 29th '97
4. *Place of Birth, (Street and Number)* J. H. Hospital
5. *Full Name of Mother,* Elita Hafeth
6. *Mother's Maiden Name,* Coata
7. *Mother's Birthplace,* Jamaica
8. *Full Name of Father,* Joseph Hafeth
9. *Father's Occupation* Shop Keeper
10. *Father's Birthplace,* Syria

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, J. H. Hospital

Remarks,

8970001604

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 81979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl ~~boy~~
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 March
4. Place of Birth, (Street and Number) 1319 Wilcox st
5. Full Name of Mother, Marie Affao
6. Mother's Maiden Name, = Conley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Willie Affao
9. Father's Occupation =
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 North Cent Av.

Remarks,

8970001605

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 4th March
4. *Place of Birth, (Street and Number)* 1434 Carroll Street
5. *Full Name of Mother,* Susan Spriggs
6. *Mother's Maiden Name,* Susan Sparrow
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Charles Spriggs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prince George County

Name of Medical Attendant, or other person who makes this Return, Estelle Matthews

Address, 647 Stockholm Street

Remarks,

897000606

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 81981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1897
4. *Place of Birth, (Street and Number)* 601 N. Calhoun St.
5. *Full Name of Mother,* Henrietta Miller
6. *Mother's Maiden Name,* Henrietta Seaufman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Max Miller
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. Urban Smith M.D

Address, 1701 David Hill ave Balto

Remarks,

8970001607

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

the births which have occurred under his or her care during the
an be ascertained the full name of each child, (if any shall have
d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
ian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Leib

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1f

1. *Sex, (state whether male or female)* f.
2. *Race or Color, (if not of the white race)* c
3. *Date of Birth,* March 27 97
4. *Place of Birth, (Street and Number)* 1244 E. 22nd St.
5. *Full Name of Mother,* Elizabeth (Emma) Leib
6. *Mother's Maiden Name,* Fuelin
7. *Mother's Birthplace,* Penna.
8. *Full Name of Father,* H Leib
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other person who makes this Return, Irving Miller

Address, 1927 N. Paul

Remarks, CERTIFICATE CORRECTED 2-9-512

Filed: 1897

8970001608

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 81983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1427 Eden st
4. *Place of Birth, (Street and Number)* 28 Hansch
5. *Full Name of Mother,* Sophie Gruenewald
6. *Mother's Maiden Name,* Gaan
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* ~~Joseph~~ Gruenewald John
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 E. Cons Av.

Remarks,

1 8 9 7 0 0 0 1 6 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236]

RETURN OF A BIRTH. 81984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 March
4. *Place of Birth, (Street and Number)* 2022 Theffman st
5. *Full Name of Mother,* Marie Tragesch
6. *Mother's Maiden Name,* = Stuhler
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Joseph Tragesen
9. *Father's Occupation*
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Av.

Remarks,

18970001610

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of a

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 22 day March 22
4. *Place of Birth, (Street and Number)* 1425 Bruce St
5. *Full Name of Mother,* Mary Jane addison
6. *Mother's Maiden Name,* Elizabeth Peters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James addison
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return, Thomas J Peters

Address, 1422 Bruce ST

Remarks,

1897 0001611

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31st March 1897
4. *Place of Birth, (Street and Number)* Baltimore 606 N Gilmor St
5. *Full Name of Mother,* Sarah C. McSweeny
6. *Mother's Maiden Name,* Sarah C Wright
7. *Mother's Birthplace,* Mount Airy
8. *Full Name of Father,* John F McSweeny
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M F Shockney

Address, 731 Cumberland St

Remarks,

8 9 7 0 0 0 1 6 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 81987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 March
4. *Place of Birth, (Street and Number)* 1116 Cent Ave.
5. *Full Name of Mother,* Marie Haub
6. *Mother's Maiden Name,* Fecher
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Valentine Haub
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 E. Central Ave.

Remarks,

8970001613

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 81988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 11 - 1897
4. Place of Birth, (Street and Number) 1244 Barclay St
5. Full Name of Mother, Jennie F. Jones
6. Mother's Maiden Name, " " Green
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lucien P. A. Jones
9. Father's Occupation Printer
10. Father's Birthplace, Caroline Co Md

Name of Medical Attendant, or other person who makes this Return, R G Rawlins M D

Address, 811 Jefferson Ave Waverly Baltimore Md

Remarks,

8970001614

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1336]

RETURN OF A BIRTH. 81989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13'97
4. Place of Birth, (Street and Number) 1110 E. Mt St.
5. Full Name of Mother, Ida Bottenill
6. Mother's Maiden Name, Kolbe
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Bottenill
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, D W M Benner

Address, 1128 E Mt Ave.

Remarks,

8970001615

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 81990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 15—1897
4. Place of Birth, (Street and Number) 2816 Huntington Ave.
5. Full Name of Mother, Linda Kelly
6. Mother's Maiden Name, " Fountain
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Kelly
9. Father's Occupation Car Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. V. Rankin M.D.

Address, 811 Jefferson Ave Waverly Baltimore Md.

Remarks,

8970001616

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22 1897
4. *Place of Birth, (Street and Number)* 615 Aisquith st.
5. *Full Name of Mother,* Jennie F Blocham
6. *Mother's Maiden Name,* Jennie Jordan
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Thomas F Blocham
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1033 N. Caroline st.

Remarks,

8970001617

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 81992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar-23-1897
4. *Place of Birth, (Street and Number)* 303-11 St Waverly
5. *Full Name of Mother,* Mallie L Drury
6. *Mother's Maiden Name,* " " Sanders
7. *Mother's Birthplace,* Baltimore Co Md-
8. *Full Name of Father,* William J Drury
9. *Father's Occupation* Street Paver
10. *Father's Birthplace,* Balto Co md

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks, Baltimore Md

8970001618

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 81993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29 1897

4. Place of Birth, (Street and Number) 1024 Clifton Pl.

5. Full Name of Mother, Lizzie Eckman

6. Mother's Maiden Name, Merryman.

7. Mother's Birthplace, Balto Co Md.

8. Full Name of Father, Milford Eckman.

9. Father's Occupation Conductor.

10. Father's Birthplace, Balto Co Md.

Name of Medical Attendant, or other person who makes this Return, W M Beane M D.

Address, 1238 E Mul Ave.

Remarks,

1897 00016 19

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 81994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st Inst.
4. *Place of Birth, (Street and Number)* Thames & 732
5. *Full Name of Mother,* Rachel Edelberg
6. *Mother's Maiden Name,* Veremansky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Woolf Edelberg
9. *Father's Occupation* Fish keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, G. Scherman M.D.

Address, 42 Aliceanna St

Remarks,

1 8 9 7 0 0 0 1 6 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 81995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd March
4. *Place of Birth, (Street and Number)* 717 S Bartlett
5. *Full Name of Mother,* Mary Lee
6. *Mother's Maiden Name,* Riordan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Vincent Ogle
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* ~~State~~ Ireland

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 40 Albemarle St

Remarks,

8970001621

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[136.]

RETURN OF A BIRTH. 81996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd March
4. *Place of Birth, (Street and Number)* 9 Wright St
5. *Full Name of Mother,* Lena Lamberg
6. *Mother's Maiden Name,* Jawlson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* David Lamberg
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Isherman

Address, 42 Allen alley

Remarks,

1 8 9 7 0 0 0 1 6 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

2336.]

RETURN OF A BIRTH. 81997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8 1897
4. *Place of Birth, (Street and Number)* 222 E Baltimore
5. *Full Name of Mother,* Millie Mabbett Jackson
6. *Mother's Maiden Name,* Price
7. *Mother's Birthplace,* Happy Market
8. *Full Name of Father,* Joe Lester
9. *Father's Occupation* Runner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Silverman

Address, 42 Aliceanna St

Remarks,

1897 0001623

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered daily signed by the practitioner or the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1235.]

RETURN OF A BIRTH. 81998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 March 1898
4. *Place of Birth, (Street and Number)* 122 Patterson Park Ave
5. *Full Name of Mother,* Rosa Pakulas
6. *Mother's Maiden Name,* Kellmaw
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Pawel Pakulas
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, J. Abramson M.D.

Address, 22 Bernard St

Remarks,

8 9 7 U 0 0 1 6 2 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[233.]

RETURN OF A BIRTH. 81999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male Samuel
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 March 1897
4. *Place of Birth, (Street and Number)* 123 Exeter St
5. *Full Name of Mother,* Mary Hewitz
6. *Mother's Maiden Name,* Klainman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Hewitz
9. *Father's Occupation* Junk Dealer Grandfather
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, L. Silberman

Address, 42 Albemarle St

Remarks,

1 8 9 7 0 0 0 1 6 2 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 85106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 March 1897
4. *Place of Birth, (Street and Number)* 66 Market Place
5. *Full Name of Mother,* Maggie Ins McCaffrey
6. *Mother's Maiden Name,* Thurston
7. *Mother's Birthplace,* England
8. *Full Name of Father,* John McCaffrey
9. *Father's Occupation* Driver
10. *Father's Birthplace,* ~~Baltimore~~ Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Schumann

Address, 42 Albemarle St

Remarks,

8 9 7 0 0 0 1 6 2 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[336.]

82001

RETURN OF A BIRTH. 82001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 March 897
4. *Place of Birth, (Street and Number)* 328 Ridge Ave
5. *Full Name of Mother,* Rachel Rubansky
6. *Mother's Maiden Name,* Binazar
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ellis Rubansky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, G Silverman

Address, 42 Albemarle

Remarks,

1 8 9 7 0 0 0 1 6 2 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 82002

GIVEN NAME ADDED 1-29-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ray

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 13 August 1897
4. *Place of Birth,* (*Street and Number*) 1317 E. Lombard St
5. *Full Name of Mother,* Fannie Shapiro
6. *Mother's Maiden Name,* Davidsman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Shapiro
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 42 Albemarle St

Remarks, 1897U001628

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1235.]

RETURN OF A BIRTH. 82003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 March 897
4. *Place of Birth, (Street and Number)* 27 Ayers Court
5. *Full Name of Mother,* Annie Schleifman
6. *Mother's Maiden Name,* Shapiro
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Schleifman
9. *Father's Occupation* Coal Yard
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, L. Herman

Address, 42 Aliceanna St

Remarks, 1897 00016 29

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[136.]

RETURN OF A BIRTH. 82004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 March 1897

4. Place of Birth, (Street and Number) 32 Allendale St

5. Full Name of Mother, Lizzie Mae Edmond

6. Mother's Maiden Name, Battistone

7. Mother's Birthplace, Charles Town

8. Full Name of Father, Peter

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 2 Caldwell St

Remarks, 1897U001630

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 85005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 March 1857
4. *Place of Birth, (Street and Number)* 25 Bismarck St
5. *Full Name of Mother,* Sophia Richter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Wilhelm Richter
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* London

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Aisquith St

Remarks,

8970001631

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 483006 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White American Born
3. *Date of Birth,* March Monday 29th 1897
4. *Place of Birth, (Street and Number)* 615 N. Barrett St Baltimore Md
5. *Full Name of Mother,* Cathrine Elizebeth Page
6. *Mother's Maiden Name,* Cathrine Elizebeth Weber
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Frank Page
9. *Father's Occupation* Glass Polisher
10. *Father's Birthplace,* Brighton N. J.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs 711 N Gross St

Address, ~~615 Barrett St~~ City Baltimore Md

Remarks,

8970001632

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 8.2006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 March 897
4. *Place of Birth, (Street and Number)* 1117 E Pratt St
5. *Full Name of Mother,* Dennis Handen
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* L Handen
9. *Father's Occupation* Cigars maker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return, L. Sherman

Address, 72 Albemarle St

Remarks,

1 8 9 7 U 0 0 1 6 3 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8/33-3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 1st 1877
4. *Place of Birth, (Street and Number)* 21 S Eden St
5. *Full Name of Mother,* Peter Benjamin
6. *Mother's Maiden Name,* Pinkas
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* B. Benjamin
9. *Father's Occupation,* (Retired) Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Feldman

Address, 1313 E. Lombard St.

Remarks,

8970001634

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

CERTIFICATE CORRECTED 3-2-51.

RETURN OF A BIRTH. 81554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Kazimera Piszczako

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1897
4. Place of Birth, (Street and Number) 500 E. Lombard st
5. Full Name of Mother, Rosalia (Rosanita) Piszczako
6. Mother's Maiden Name, Kosodi (Rosanita) Podszewicz
7. Mother's Birthplace, Russia Wilna State
8. Full Name of Father, (Andrew) (Kasanita) Piszczako
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Wilna State

Name of Medical Attendant, or other person who makes this Return, H. Edwards M.D.

Address, 143 N. Front St

Remarks,

8 4 7 0 0 0 1 6 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred to be furnished by the Commissioner of month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	White (male)
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4th 1897
4. *Place of Birth, (Street and Number)*	1627 E. Monument St
5. *Full Name of Mother,*	Catherine A. Lyons
6. *Mother's Maiden Name,*	" Kenny
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Owen C. Lyons
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Dr J Frank Conrad
Address,	1051 Aisquith St
Remarks,	

8 9 7 0 0 0 1 6 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commi
shall occur without the attendance of a physician or practitione
attendance upon the mother, immediately thereafter it shall b
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recov
ascertained the full name of each child, if any shall have
tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
actioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81556

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5th 1896
4. *Place of Birth, (Street and Number)* 616 Lombard St.
5. *Full Name of Mother,* Sarah Tucker
6. *Mother's Maiden Name,* Shippman.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Tucker.
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. F. Adner.

Address, 613 E. Lombard St.

Remarks,

1897 0001637

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
as far as the same can be ascertained the full name and occupation
been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 112 E. Schroeder Mar 6, 1887
4. *Place of Birth, (Street and Number)* 112 E. Schroeder
5. *Full Name of Mother,* Agnes M. Shipley
6. *Mother's Maiden Name,* Hartman
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* John R. Shipley
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return, H. E. Knipp M.D.

Address, 523 Scott St.

Remarks,

1897000 1638

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* This day March 9th 1897
4. *Place of Birth, (Street and Number)* 423 Forest St
5. *Full Name of Mother,* Sarah Greenberg
6. *Mother's Maiden Name,* " Benjamin
7. *Mother's Birthplace,* England.
8. *Full Name of Father,* Jake Greenberg
9. *Father's Occupation,* Presser
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Feldman

Address, 413 E. Lombard St

Remarks,

8970001639

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 815-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th 1857
4. *Place of Birth, (Street and Number)*	940 Eutaw St
5. *Full Name of Mother,*	Elizabeth Jane Matthews
6. *Mother's Maiden Name,*	" " Evans
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Andrew J Matthews
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	West Virginia
Name of Medical Attendant, or other person who makes this Return,	Dr J Frank Evans
Address,	1051 Augusta St
Remarks,	

1897000 1640

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1897
4. Place of Birth, (Street and Number) 1406 Lousian st
5. Full Name of Mother, Mary Forster
6. Mother's Maiden Name, Mary Secrest
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Forster
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brune

Address, 1600

Remarks,

1897000164 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 81561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

er of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of
h. This schedule shall contain a list of the births which have occurred under his or her care during the
t, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the
chedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
day of each and every month to the office of the Commissioner of Health. In case the birth of any child
occur without the attendance of a physician or practioner of midwifery, or should no other person be in
ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
o report its birth to the Commissioner of Health, in the manner and within the period above required, and
ch person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or ~~female~~) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 14th 1897

4. Place of Birth, (Street and Number) 300 S. Caroline St

5. Full Name of Mother, Zipsha Abramowitz

6. Mother's Maiden Name, Steeel

7. Mother's Birthplace, Russia Wilna State

8. Full Name of Father, Samuel Abramowitz

9. Father's Occupation Peddler

10. Father's Birthplace, Russia Kovne State

Name of Medical Attendant, or other person who makes this Return, H. Flinden Md.

Address, 143 N. Front St

Remarks, 1897000001642

RETURN OF A BIRTH, 81562

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Mch 14 1897
4. *Place of Birth, (Street and Number)*	1406 Monument St
5. *Full Name of Mother*	Kitty Brown
6. *Mother's Maiden Name*	Hartsell
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Wm Alfred Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	W M Lucas M.D.
Address	1213 Aisquith
Remarks	

1897000001643

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

[Form 1335.]

RETURN OF A BIRTH. 81563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Maile
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 th March 1897
4. *Place of Birth, (Street and Number)*	1520 William st
5. *Full Name of Mother,*	Margret Willett
6. *Mother's Maiden Name,*	Margret Durham
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	Joshua Willett
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return,	Mrs E A Brooks
Address,	1828 Light st
Remarks,	Doing Well

1897 U 0001644

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

GIVEN NAME ADDED 9-13-56

RETURN OF A BIRTH

8156 3½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joshua Thomas Willet

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 March 1897
4. Place of Birth, (Street and Number) 1520 Wilkens
5. Full Name of Mother, Margret Willet
6. Mother's Maiden Name, Margret Durm
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jacob Willet
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1528 Light St

Remarks, Doing Well

1 8 9 7 0 0 0 1 6 4 5

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th 1893
4. *Place of Birth, (Street and Number)*	952 Harford Ave
5. *Full Name of Mother,*	Annie Burns
6. *Mother's Maiden Name,*	" Ward
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John P. Burns
9. *Father's Occupation*	Policeman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr J Frank Oswald
Address,	1051 Aisquith St
Remarks,	

8970001646

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-31-60

RETURN OF A BIRTH. 81565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Cecelia Marie Braul Fourth,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th, 1897,
4. Place of Birth, (Street and Number) 1127 Myrtle Ave
5. Full Name of Mother, Dorothea Braul
6. Mother's Maiden Name, Homberg
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, William H. Braul
9. Father's Occupation Cutter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr C M Cost

Address, 1052 Myrtle ave.

Remarks,

8970001647

Wm. J. C. Dulany Co., City Printers and Stationers

[Form 136.]

RETURN OF A BIRTH. 81566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 March 1897
4. Place of Birth, (Street and Number) 18 E West St
5. Full Name of Mother, Mary Talk
6. Mother's Maiden Name, Mary Jessmon
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Talk
9. Father's Occupation Conductor G P R R
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Doing Well

8 9 7 0 0 0 1 6 4 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of an affidavit, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18
4. *Place of Birth, (Street and Number)* 326 Park ave.
5. *Full Name of Mother,* Mary Rosenberger Becker
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John H. Becker
9. *Father's Occupation* Undertaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 419 N. Paca st.

Remarks,

8970001649

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 81368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 March 1897
4. *Place of Birth, (Street and Number)* 129 E Pittsburg St
5. *Full Name of Mother,* Sarah Jn E Gaither
6. *Mother's Maiden Name,* Sarah Jn Shreve
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Samuel E Gaither
9. *Father's Occupation* Oil Dealer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E L Brookes

Address, 1528 Eight St

Remarks, Doing Well

1897000 1650

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Orig

RETURN OF A BIRTH. 81569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore, [illegible] 1897

The undersigned is required by law to fill out the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 20 1897
4. *Place of Birth, (Street and Number)*	620 S Wolfe st
5. *Full Name of Mother,*	Eva (Teresa) Trusch
6. *Mother's Maiden Name,*	Eva Klappenberg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph (Teresa) Trusch
9. *Father's Occupation*	Railroading
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wolfe & Eisenberg A.B. M.D.
Address,	N E Cor Bank & Wolfe sts
Remarks,	Full name of child - Vincent Trusch

8 4 7 0 0 0 1 6 5 1

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mch 20 1897
4. *Place of Birth, (Street and Number)* 1208 Wolfe st
5. *Full Name of Mother,* Mrs Mary Parker
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abe Parker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Dredia Howard

Address, 1010 N. Chapel st

Remarks,

1897000001652

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

GIVEN NAME ADDED 11-5-57

RETURN OF A BIRTH. 8 15 71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George William Schuman Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 1897
4. Place of Birth, (Street and Number) 1417 E Lanvale
5. Full Name of Mother, Annie M Schuman
6. Mother's Maiden Name, " " Burley
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Schuman
9. Father's Occupation Shoemaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J T Spicknall MD

Address, 14 W Patterson Pk Ave

Remarks,

1897 0001653

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep at the City of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 March 1897
4. *Place of Birth, (Street and Number)* Haubert st Locust point
5. *Full Name of Mother,* Mary Sheckell
6. *Mother's Maiden Name,* Mary Water
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fletch Sheckell
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st City

Remarks,

1897U0001654

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have ...been conferred) its sex, color, the full name and occupation ...as far as the same can be ascertained the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81573

GIVEN NAME ADDED, 5-3-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ella Irene Stallings

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 20, 1897
4. Place of Birth, (Street and Number) Balto Md 1217 N Grove Sq
5. Full Name of Mother, Lilly M. S Stallings
6. Mother's Maiden Name, Moore
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Charles P. Stallings
9. Father's Occupation Huckster
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, H. E Knipp M.D.

Address,

Remarks,

1897000 1655

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 97
4. Place of Birth, (Street and Number) 102 Cadenhall St
5. Full Name of Mother. Mrs Ina Russell
6. Mother's Maiden Name, Lib L Sellhouse
7. Mother's Birthplace, Balto
8. Full Name of Father, Alexander Russell
9. Father's Occupation, Mechanic
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. L L Lyon

Address, 1017 Light St

Remarks,

1897000165 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 81575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 21st 1897
4. *Place of Birth (Street and Number),* 1128 Park Avenue
5. *Full Name of Mother,* Mrs Helena Donnelly
6. *Mother's Maiden Name,* Mrs Helena Bernhard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Donnelly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm L Morgan M.D.

Address, 202 W Franklin st

Remarks,

1897 0001657

The Baltimore Publishing Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st March 1897
4. *Place of Birth, (Street and Number)* 1281 William
5. *Full Name of Mother,* Maud Baumen
6. *Mother's Maiden Name,* Maud Baker
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frederick Baumen
9. *Father's Occupation* Machinest
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E S Brooks

Address, 1828 Light St

Remarks, Dona Mall

+ 8 9 7 0 0 0 1 6 5 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Note. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of each child, (if any shall have been conferred) its said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 March 18[illegible]
4. Place of Birth, (Street and Number) 1271 William St
5. Full Name of Mother, Mary Wesley
6. Mother's Maiden Name, Mary Hegler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Wesley
9. Father's Occupation Drayman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, Dairy Well

1 8 9 7 0 0 0 1 6 5 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 81578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23th 1897
4. *Place of Birth, (Street and Number)* 1149 Linden Ave
5. *Full Name of Mother,* Margret H Drake
6. *Mother's Maiden Name,* Margret Zegurtz
7. *Mother's Birthplace,* Washington Dc
8. *Full Name of Father,* Joseph E Drake
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 York Rd

Remarks, Living Male

1897 0 0 0 1 6 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch 23rd. 1897
4. Place of Birth, (Street and Number) 1110 Light St.
5. Full Name of Mother, Rosa Pyle
6. Mother's Maiden Name, Rosa Rudolph
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Pyle
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Maggie A. Wilkinson

Address, 25 14 W. Cross St.

Remarks,

8970001661

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 23, 1897
4. *Place of Birth, (Street and Number)*	Columbia ave S.E Cor Carey St
5. *Full Name of Mother,*	Lillie Schlisserman
6. *Mother's Maiden Name,*	Martin
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Henry Schlisserman
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	H. E. Knipp M.D.
Address,	523 Scott St.
Remarks,	

8970001662

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

CERTIFICATE CORRECTED 10-24-58

81581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Margaret Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 24 March 1897
4. Place of Birth, (Street and Number) No 2100 Prince st City
5. Full Name of Mother, Mrs Barbara Meyer
6. Mother's Maiden Name, Miss Barbara Pfeiffer
7. Mother's Birthplace, Bayer Germany
8. Full Name of Father, Mr Conrad Meyer
9. Father's Occupation Laborer
10. Father's Birthplace, Bayer Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, 2008 McH Henry st

Remarks,

8970001663

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 81582

GIVEN NAME ADDED 8/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martin Frank Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 1897
4. Place of Birth, (Street and Number) Baltimore 607 W. Mulberry st
5. Full Name of Mother, Rosa Helen Miller
6. Mother's Maiden Name, Rosa Morrison
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Putman Morrison Miller
9. Father's Occupation Water Dept
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M E Hunter

Address, 23 So Appleton St

Remarks,

8970001664

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the Form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 81583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Mch 24 1897
4. *Place of Birth, (Street and Number)* 1431 Bruns Ave
5. *Full Name of Mother* Mary Zemach Renner
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Md
8. *Full Name of Father* Frank Zemach
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Wm Lewis MD

Address 1213 Patterson

Remarks

8970001665

RETURN OF A BIRTH. 81584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1240 AM
4. Place of Birth, (Street and Number) 604 E Biddle street
5. Full Name of Mother, Rosa T. Lomax
6. Mother's Maiden Name, Rosa T. Frick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Richardson Lomax
9. Father's Occupation Clerk in Balto P.O.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Annie E. Whitford M.D.

Address,

Remarks,

8970001666

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

GIVEN NAME ADDED - 3/4/68

RETURN OF A BIRTH. 81585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELSIE COHEN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Monday 25th 47

4. Place of Birth, (Street and Number) 1503 N. Bath St.

5. Full Name of Mother, Rebecca Cohen

6. Mother's Maiden Name, Rebecca Levenson

7. Mother's Birthplace, Russ Poland

8. Full Name of Father, Louis Cohen

9. Father's Occupation Tailor

10. Father's Birthplace, Russ Poland

Name of Medical Attendant, or other person who makes this Return, Mrs Hurwitz

Address, 28 N Appleton St

Remarks,

8970001667

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 815-85 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, March 24th 1847
4. Place of Birth, (Street and Number) 226 N. Stricker St.
5. Full Name of Mother, Carr Fry
6. Mother's Maiden Name, Carr Fry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. L. Ford
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. J. H. Zapp M.D.

Address, 30 S. W. North Ave

Remarks,

1897U001668

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH. 81586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25 1891
4. *Place of Birth, (Street and Number)* 842 Light st
5. *Full Name of Mother,* Dora J. Weiland
6. *Mother's Maiden Name,* Hann
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Julius Weiland
9. *Father's Occupation* Store
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 139 Fort Ave

Remarks,

8 9 7 0 0 0 1 6 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Stew

RETURN OF A BIRTH. 81587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first-

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white-

3. *Date of Birth,* March 25 1897 6.50 a.m.

4. *Place of Birth, (Street and Number)* 337 East 20th Street

5. *Full Name of Mother,* Edith Wallace Keys Edwards-

6. *Mother's Maiden Name,* Edith Wallace Keys-

7. *Mother's Birthplace,* Philadelphia Pa.

8. *Full Name of Father,* Harriet R. Edwards-

9. *Father's Occupation* Engineer.

10. *Father's Birthplace,* Kirkwood Miss.

Name of Medical Attendant, or other person who makes this Return, Chas Belle Brewster MD

Address, 1027 Madison Ave

Remarks, Gertrude Tunstall Edwards

1897 U 001670

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

[Form 1236]

RETURN OF A BIRTH. 81588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 - 1897
4. Place of Birth, (Street and Number) # 4 St Anns ave
5. Full Name of Mother, Mary Hungerford
6. Mother's Maiden Name, " Cheney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles H. G. Hungerford
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Ranken M.D.

Address, 811 Jefferson Ave Waverly City

Remarks,

1897000167 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26th '97.
4. *Place of Birth, (Street and Number)* 2425 W. North Ave.
5. *Full Name of Mother,* Rachel Y. Stiles
6. *Mother's Maiden Name,* Rachel Y. McClung
7. *Mother's Birthplace,* Puna.
8. *Full Name of Father,* Peter H. Stiles
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Puna.

Name of Medical Attendant, or other person who makes this Return, Peter H. Stiles

Address, 2425 W. North Ave.

Remarks,

18970001672

Wm. J. C. Dulany Co., City Printers and Stationers

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 81570

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth* March 26 1897
4. *Place of Birth, (Street and Number)* 1371 Calhoun St
5. *Full Name of Mother* Annie E. Clark
6. *Mother's Maiden Name* Nelson
7. *Mother's Birthplace* Md
8. *Full Name of Father* Beadee Clark
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Wm Lewis MD

Address 1213 Pall Ave

Remarks

18970001673

1236.]

RETURN OF A BIRTH. 81591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1897
4. Place of Birth, (Street and Number) 134 Lafayette st
5. Full Name of Mother, Mary Auer
6. Mother's Maiden Name, Fisher
7. Mother's Birthplace, Balto
8. Full Name of Father, Georg Auer
9. Father's Occupation Workmann
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 134 E. Fort Ave.

Remarks,

8970001674

register of such births, and shall enter on the same the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8/5 92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March the 26 1892
4. Place of Birth, (Street and Number) east Fleay st 14
5. Full Name of Mother, Lucy smith
6. Mother's Maiden Name, Lucy corbin
7. Mother's Birthplace, Fredrick
8. Full Name of Father, John smith
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bridgeit Hunt

Address, 791 Miles Court

Remarks, full 9 month

1897000 1675

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26
4. *Place of Birth, (Street and Number)* 13 N. Exeter St
5. *Full Name of Mother,* Rosie Wasserstein
6. *Mother's Maiden Name,* Rosie Scurnie
7. *Mother's Birthplace,* Lutz Russ.
8. *Full Name of Father,* Y. G. Wasserstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Crimmenitz Russ.

Name of Medical Attendant, or other person who makes this Return, Mrs Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

8970001676

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sun child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27
4. Place of Birth, (Street and Number) 1617 Little Walsh St.
5. Full Name of Mother, Emma E Gibney
6. Mother's Maiden Name, Emma E. Raycraft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christopher S. Gibney
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Downey

Address, 1635 Little Walsh St.

Remarks, None.

8 9 7 0 0 0 1 6 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 3-22-56

RETURN OF A BIRTH A81594½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paulynne Gettier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, March 27th 1897
4. Place of Birth, (Street and Number) North Wallbrook —
5. Full Name of Mother, Jennie Virginia Gettier
6. Mother's Maiden Name, J. V. Ogle
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. Augustus Gettier
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. J. A. Zepp M.D.

Address, 3050 W. North Ave —

Remarks,

1897000167 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 81595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1897
4. *Place of Birth, (Street and Number)* 121 E. Lombard St.
5. *Full Name of Mother,* Lena Cohen
6. *Mother's Maiden Name,* Kaplan
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Cohen
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1013 E. Lombard St.

Remarks,

8970001679

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336.]

RETURN OF A BIRTH. 81596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 March 1897
4. Place of Birth, (Street and Number) 11 W West St
5. Full Name of Mother, Ellen Lambert
6. Mother's Maiden Name, Ellen Reardon
7. Mother's Birthplace, Ireland
8. Full Name of Father, August Lambert
9. Father's Occupation Iron Farmer
10. Father's Birthplace, N. Dury York

Name of Medical Attendant, or other person who makes this Return, E. L. Brooks

Address, 1828 Light St

Remarks, Doing Well

8 4 7 0 0 0 1 6 8 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1897
4. *Place of Birth, (Street and Number)* 1425 Ensor St
5. *Full Name of Mother,* Sarah Hennin
6. *Mother's Maiden Name,* " Costello
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Hennin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Josephine Bunch

Address, 1451 Alagander St

Remarks,

1 8 9 7 0 0 0 1 6 8 1

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81598

GIVEN NAME ADDED 7/25/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rachael Feldman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1891
4. Place of Birth, (Street and Number) 102 E. Lombard St. Apt. 11
5. Full Name of Mother, Tilke Feldman
6. Mother's Maiden Name, Lurantz
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Feldman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mr. M. Feldman

Address, 115 E. Lombard St

Remarks,

1 8 9 7 0 0 0 1 6 8 2

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 815-99

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 28 — 1899
4. Place of Birth, (Street and Number) 706 Greenmount Ave.
5. Full Name of Mother, Kate E. Devine
6. Mother's Maiden Name, Fitzpatrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Devine
9. Father's Occupation Brassfinisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1127 E. Oraft St.

Remarks,

1 8 9 7 0 0 0 1 6 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 81600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 28 — 1897
4. Place of Birth, (Street and Number) 815 Jefferson St.
5. Full Name of Mother, Nora Miers
6. Mother's Maiden Name, McWilliams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Miers
9. Father's Occupation Trimmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks,

8970001684

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1877
4. *Place of Birth, (Street and Number)* 870 Park Ave
5. *Full Name of Mother,* Rachel Pollock
6. *Mother's Maiden Name,* Rachel Sulimer.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Pollock
9. *Father's Occupation,* Shoe Store
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. N. Feldman.

Address, 1113 E. Lombard St.

Remarks,

1 8 9 7 0 0 0 1 6 8 5

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 81602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 28 — 1897
4. *Place of Birth, (Street and Number)* 2000 Monumier Court
5. *Full Name of Mother,* Anna Stiller
6. *Mother's Maiden Name,* Distler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George J. Stiller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address,

Remarks,

1897 0001686

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 81603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 28 - 1893
4. Place of Birth, (Street and Number) 309 S. Central Ave.
5. Full Name of Mother, Mary J. Cooney
6. Mother's Maiden Name, Bray
7. Mother's Birthplace, England
8. Full Name of Father, Patrick Cooney
9. Father's Occupation Stewart
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address,

Remarks,

1 8 9 7 0 0 0 1 6 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m 1336.]

GIVEN NAME ADDED 4-18-55

RETURN OF A BIRTH. 81604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucinda Mary

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 March 1897
4. Place of Birth, (Street and Number) 19 W Oland
5. Full Name of Mother, Annie Douglass
6. Mother's Maiden Name, Annie Amsden
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Douglass
9. Father's Occupation Cooper Balto Md
10. Father's Birthplace, Cooper Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dang Well

8970001688

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 81605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov 1st 1897.
4. *Place of Birth, (Street and Number)* 809 Lancaster St.
5. *Full Name of Mother,* Mary Seidel.
6. *Mother's Maiden Name,* Mary Baumm.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Seidel.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Creegan.

Address, 2225 Bank St

Remarks, City

8970001680

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1st 1897
4. *Place of Birth, (Street and Number)* 445 Pulaski st.
5. *Full Name of Mother,* Rebecca Samkowsky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Max Samkowsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897000001690

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 3, 1897
4. *Place of Birth, (Street and Number)* 702 Little Green St
5. *Full Name of Mother,* Mrs Susan Sparrenberg
6. *Mother's Maiden Name,* Miss Susan Freeburger
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John Bernard Sparrenberg
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Gross St.

Remarks,

8970001691

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 4th 1897
4. Place of Birth, (Street and Number) 128 S. Exeter st.
5. Full Name of Mother, Rebecca Glaser
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father Hymen Glaser
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970001692

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 6th 1897
4. *Place of Birth, (Street and Number)* 359 North st.
5. *Full Name of Mother,* Sadie Zitto
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Salvatore Zitto
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernalesi

Address, 122 S. Exeter st.

Remarks,

8970001693

The Health Commissioner shall publish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 81610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 6th 1897.
4. Place of Birth, (Street and Number) 1708, E. Fayette St.
5. Full Name of Mother, Georgina A. Durham.
6. Mother's Maiden Name, Georgina A. Seston.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexandria Durham.
9. Father's Occupation Labourer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Gregory.

Address, 2225 Banks St.

Remarks, City.

1897 0001694

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6th 1877
4. *Place of Birth, (Street and Number)* No 1700 Clarkson St.
5. *Full Name of Mother,* Louisa Schmidt
6. *Mother's Maiden Name,* Louisa Fritschner
7. *Mother's Birthplace,* Caterade Germany.
8. *Full Name of Father,* William G. Schmidt
9. *Father's Occupation* Piano maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 704 N. Conway St.

Remarks,

8970001695

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office o shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of Hea any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7.
4. Place of Birth, (Street and Number) 903 Bevan St
5. Full Name of Mother, Emma St Pinn
6. Mother's Maiden Name, Emma St Epping
7. Mother's Birthplace, Balto 936 Ridgely St
8. Full Name of Father, William J Pinn
9. Father's Occupation Saddler
10. Father's Birthplace, 908 Bevan St Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 St Paul St

Remarks,

8970001696

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 March
4. *Place of Birth, (Street and Number)* 1698 Foster St
5. *Full Name of Mother,* Augusta Werner
6. *Mother's Maiden Name,* Kings
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Warner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Range

Address, 711 Cross St.

Remarks,

8970001697

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Physician, Midwife or other person in attendance upon a birth, shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7
4. *Place of Birth, (Street and Number)* 714 Eutaw St
5. *Full Name of Mother,* Elizabeth Callahan
6. *Mother's Maiden Name,* Elizabeth Manns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Callahan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Rose Bangel

Address, 711 N. Eutaw St.

Remarks,

8 9 7 0 0 0 1 6 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th March
4. *Place of Birth, (Street and Number)* 1149. Carroll st
5. *Full Name of Mother,* Ida. Lamkin
6. *Mother's Maiden Name,* Ida Ballach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. B. Lamkin
9. *Father's Occupation* Candy Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Range

Address, 711 W. Lanvale St.

Remarks,

8970001699

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th - 97
4. *Place of Birth, (Street and Number)* #1128 Hanlieorlen st.
5. *Full Name of Mother,* Mary Lizzie Gerhold
6. *Mother's Maiden Name,* Mary Lizzie Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno. Chas. Gerhold
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Range

Address, 74 E Cross St

Remarks,

8970001700

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* March 9th
4. *Place of Birth, (Street and Number)* 1129 Columbia ave Baltimore MD
5. *Full Name of Mother,* Minnie S Coleman
6. *Mother's Maiden Name,* Minnie S Kaffeinz
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* William Harvey Coleman
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 111 21 Cross St

Remarks,

1897 0001701

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

s which have occurred under his or her care during the
ertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether ~~male~~ or female)* female
2. *Race or Color, (if not of the ~~white~~ race)* colored
3. *Date of Birth,* March 11-1897 at 1/4 of 7 oclock A.M.
4. *Place of Birth, (Street and Number)* 910 Shute's Court
5. *Full Name of Mother,* Mary Lizzie Banks
6. *Mother's Maiden Name,* — " — — —
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* Isaac Scott
9. *Father's Occupation* Brick yard and oyster Shucker
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos Cooper

Address, 920 Shute's Court

Remarks, Mother & Daughter both are well

Balto Md

8970001702

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th
4. *Place of Birth, (Street and Number)* 42 N. Calverton Road
5. *Full Name of Mother,* Clara Crist
6. *Mother's Maiden Name,* Clara O'Neil
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Crist
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Range

Address, 711 N. Cross St

Remarks,

8970001703

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8/620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th
4. *Place of Birth, (Street and Number)* 653 W. Lee St
5. *Full Name of Mother,* Mrs Annie Eckhardt
6. *Mother's Maiden Name,* Annie Finton
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John W Eckhardt
9. *Father's Occupation* Fire Department
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Carey St.

Remarks,

1897000 1704

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 1897
4. *Place of Birth, (Street and Number)* 123 E West St.
5. *Full Name of Mother,* Eva Birrane
6. *Mother's Maiden Name,* Eva Hartman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John E. Birrane
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Range

Address, 711 S. Gross St

Remarks,

1897000 1705

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 March 1897
4. *Place of Birth, (Street and Number)* Baltimore 109 Wilkens
5. *Full Name of Mother,* Emilie Necker
6. *Mother's Maiden Name,* Emerita Fisher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Necker
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 701 N. Gay St.

Remarks,

8970001706

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14th 1897
4. Place of Birth, (Street and Number) 1236 West Cross St
5. Full Name of Mother, Mrs Arthur Edward Ballach
6. Mother's Maiden Name, Clara E Hensley
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Arthur Edward Ballach
9. Father's Occupation Box Maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 716 W Cross St

Remarks,

8770001707

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 12-4-63

RETURN OF A BIRTH. 81624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Francis Patrick ~~McGrane~~ McGRANE

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1877
4. Place of Birth, (Street and Number) 634 Hanford Ave.
5. Full Name of Mother, Mary ~~Hodgman~~ McGRANE
6. Mother's Maiden Name, Mary Holmes
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William ~~Hodgman~~ McGRANE
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Patton

Address, 1501 N. Central Ave

Remarks,

8970001708

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236.]

RETURN OF A BIRTH. 81625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 17th 1897.
4. Place of Birth, (Street and Number) 1817 Biddle St.
5. Full Name of Mother, Laura Blades.
6. Mother's Maiden Name, Laura Schots.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Blades.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Duggan

Address, 2225 Bank St

Remarks, City

8970001709

Baltimore shall cause those charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 81626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov 17th 1897.
4. *Place of Birth, (Street and Number)* 17 S. Penny St.
5. *Full Name of Mother,* Lesha Boshan.
6. *Mother's Maiden Name,* Basha Levys.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Boshan.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Hays & E. Cragg.

Address, 2225 Bank St.

Remarks, City

8970001710

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-2-59

RETURN OF A BIRTH. 81627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Patterson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th 1897
4. Place of Birth, (Street and Number) 704 Dolphin st
5. Full Name of Mother, Katie Augusta Patterson
6. Mother's Maiden Name, " " Wilhelm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hinton Neal Patterson
9. Father's Occupation Travelling Salesman for Lucas & Co
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Gilbert Wm Dr.

Address, 1102 W. Lafayette Ave

Remarks,

8970001711

Wm. J. C. Dulany Co., City Printers and Stationers

The Commissioner of Health, or such person as he may designate, shall have charge of and superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th 1877
4. *Place of Birth, (Street and Number)* # 1101 West Cross St
5. *Full Name of Mother,* Louisa Diffendaw
6. *Mother's Maiden Name,* Louisa James
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Clinton Diffendaw
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs

Address, 711 W. Cross St.

Remarks,

8970001712

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* (11th) August

4. *Place of Birth, (Street and Number)* 241

5. *Full Name of Mother,* Le Cristina A. Elmer

6. *Mother's Maiden Name,* " Forman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank F. Elmer

9. *Father's Occupation* House Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Nora Bange

Address, Mrs. Bange 711 N. Carey St.

Remarks,

1 8 9 7 0 0 0 1 7 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19th 1897
4. *Place of Birth, (Street and Number)* 506 Wyeth St. Balto City
5. *Full Name of Mother,* Marie Juniper
6. *Mother's Maiden Name,* Marie Gunther
7. *Mother's Birthplace,* Breslow Germany
8. *Full Name of Father,* Conrad Juniper
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Gesburge Germany

Name of Medical Attendant, or other person who makes this Return, Wm Brune M.D.

Address, Mrs. Bange, 711 Lemmon St

Remarks,

8 9 7 0 0 0 1 7 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 81631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 20th 1897.
4. *Place of Birth, (Street and Number)* 570 E. Durham St.
5. *Full Name of Mother,* Mattie Wells
6. *Mother's Maiden Name,* Mattie Wilkinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Wells
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Keegan

Address, 2225 Bank St.

Remarks, City.

8970001715

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in such place, shall keep a true and correct month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

Form 1236.]

RETURN OF A BIRTH. 81632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 97
4. Place of Birth, (Street and Number) 1819 Edmondson Ave
5. Full Name of Mother, L. Olive Thomas
6. Mother's Maiden Name, " " Brown
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Paisley F. Thomas
9. Father's Occupation Manager for Jewish Times
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, J. Tyler Smith M.D.

Address, 600 Columbia Ave.

Remarks,

8 4 7 0 0 0 1 7 1 6

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 March
4. *Place of Birth, (Street and Number)* 1276 Pleasantburg St
5. *Full Name of Mother,* Anna Werner
6. *Mother's Maiden Name,* Bush
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Franz Werner
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs

Address, 74 St Cross St

Remarks, Satisfactory

1897 0001717

Wm. J. C. Dulany Co,. City Printers and Stationers.

Section. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of March
4. *Place of Birth, (Street and Number)* 158 Burgundy Alley
5. *Full Name of Mother,* Margie Weaver
6. *Mother's Maiden Name,* Margie Burns
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John Weaver
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mary Burrage

Address, 744 W. Conway St

Remarks,

1897000171 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th May
4. Place of Birth, (Street and Number) 852 Rheinhardt St
5. Full Name of Mother, Wm B Annie Judge
6. Mother's Maiden Name, Annie Hulse
7. Mother's Birthplace, Washington
8. Full Name of Father, Jos E Judge
9. Father's Occupation Cutter
10. Father's Birthplace, Phila Pa

Name of Medical Attendant, or other person who makes this Return, Wm J Bange

Address, 711 S Conkling St

Remarks,

1897000171 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 24
4. Place of Birth, (Street and Number) 48 S Fayson st
5. Full Name of Mother, Katie Keeden
6. Mother's Maiden Name, Keeden
7. Mother's Birthplace, Queen anne Co
8. Full Name of Father, Samuel Hall
9. Father's Occupation Waiter
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 636 Jasper st

Remarks,

8970001720

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) first.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th of March 1897.
4. Place of Birth, (Street and Number) 1505 N. Durham Str.
5. Full Name of Mother, Anny Dite
6. Mother's Maiden Name, Anny Marek
7. Mother's Birthplace, Kalisth Bohemie Europe.
8. Full Name of Father, Joseph Dite
9. Father's Occupation, B Storekeeper
10. Father's Birthplace, Korlany. Bohemie, Europe.

Name of Medical Attendant, or other person who makes this Return, D. Dreves. Mid-Wife.

Address, N. 625 Hopkins Ave.

Remarks,

1897000 1721

Wm. J. C. Dulany Co., City Printers and Stationers.

month, she shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* March 26 1897.
4. *Place of Birth, (Street and Number)* 522 Oxford St.
5. *Full Name of Mother,* Sara Bowery.
6. *Mother's Maiden Name,* Taylor.
7. *Mother's Birthplace,* Prince George Co.
8. *Full Name of Father,* Jackson Bowery
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* Prince George Co

Name of Medical Attendant, or other person who makes this Return, 1721 Saratoga St

Address, Mary E Jones

Remarks, Baltimore

8970001722

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 3th P. M. 1897
4. *Place of Birth, (Street and Number)* 148 Milton Ave
5. *Full Name of Mother,* Annie Emma Miles
6. *Mother's Maiden Name,* A. E. Frohlich
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm Geo. Miles
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, James E Donnelly MD

Address, 1701 Baltimore St East.

Remarks,

1897 00001723

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 81640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Color.
3. *Date of Birth,*	January 27 1897.
4. *Place of Birth, (Street and Number)*	127 Raborg St.
5. *Full Name of Mother,*	Frances Dickens
6. *Mother's Maiden Name,*	Curry.
7. *Mother's Birthplace,*	Snow Hill.
8. *Full Name of Father,*	Bruce Dickens
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other person who makes this Return,	Mary Co Md
Address,	1121 Saratoga St
Remarks,	Balto Md

8970001724

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 1-28-60 OWW

RETURN OF A BIRTH. 81641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Manuel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28th ~~27~~ May - 1897
4. *Place of Birth, (Street and Number)* 777 Columbia Ave
5. *Full Name of Mother,* Emielie Friederike Manuel
6. *Mother's Maiden Name,* " Flach
7. *Mother's Birthplace,* Bachlita ob. Saxony
8. *Full Name of Father,* Charles Friedrich Manuel
9. *Father's Occupation* Schuhmacher
10. *Father's Birthplace,* Hilbersdorf b. Freiberg Saxony

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 St. Cross St.

Remarks,

1897 00017 25

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 81642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* March 28 1897.
4. *Place of Birth, (Street and Number)* 317 Bruce St.
5. *Full Name of Mother,* Ellen C Chase.
6. *Mother's Maiden Name,* Jones.
7. *Mother's Birthplace,* Calvert Co.
8. *Full Name of Father,* Reason C Chase.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* Calvert Co.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1121 Saratoga St

Remarks, Bkln 2nd

8970001726

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 81643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color.
3. *Date of Birth,*	March 28 1897
4. *Place of Birth, (Street and Number)*	1614 Harrison alley
5. *Full Name of Mother,*	Sara Hackney
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Talbot Co
8. *Full Name of Father,*	Robert Hackney.
9. *Father's Occupation*	Laboring
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	Mary L Jones
Address,	1121 Saratoga St. Balto Md
Remarks,	

1897 0001727

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Negro or White
3. *Date of Birth,* March 28 February 1897
4. *Place of Birth, (Street and Number)* 1007 Burgundy alley
5. *Full Name of Mother,* Laura Elisabeth Kuhlow
6. *Mother's Maiden Name,* Laura Elisabeth Witzgall
7. *Mother's Birthplace,* Comnitz Germany
8. *Full Name of Father,* Asmus Heinrich Carl Kuhlow
9. *Father's Occupation* Finner
10. *Father's Birthplace,* Lübeck Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 711 W Cross St

Remarks,

8 9 7 0 0 0 1 7 2 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* march 4-25-1897- 20 min Past 5- P.m.
4. *Place of Birth, (Street and Number)* 1220 Eward- street-
5. *Full Name of Mother,* Margaret- J. Wiggins
6. *Mother's Maiden Name,* ———
7. *Mother's Birthplace,* westmoreland Co. V.a.
8. *Full Name of Father,* William Chester
9. *Father's Occupation* odd jobs- and coachman
10. *Father's Birthplace,* Balto city m.d.

Name of Medical Attendant, or other person who makes this Return, Josephine- Amos- Cooper

Address, 920 Shuter Street

Remarks, Mother and Daughter is well

Balto, Md 8 97 U 001729

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Mch 2/97
4. *Place of Birth, (Street and Number)* Mondawmin Penna. Ave Ext.
5. *Full Name of Mother,* Mrs Howard T. Pierce
6. *Mother's Maiden Name,* Mary Bell Anderson
7. *Mother's Birthplace,* Balto Co. Md.
8. *Full Name of Father,* Howard T Pierce
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, E A Smith M.D.

Address,

Remarks,

1897000730

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 4-15-57

RETURN OF A BIRTH. 81647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen ~~Chalk~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	March 3rd - 1897
4. Place of Birth, (Street and Number)	46 Stone Hill (Hampden)
5. Full Name of Mother,	Rosa V Chalk
6. Mother's Maiden Name,	" " Gill
7. Mother's Birthplace,	Balto Co.
8. Full Name of Father,	Jos. A. Chalk
9. Father's Occupation	Laborer
10. Father's Birthplace,	Prince Geo's Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Walter Fiedeman M.D.
Address,	#102 Chestnut Ave
Remarks,	

8970001731

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5
4. Place of Birth, (Street and Number) 2647 Francis St
5. Full Name of Mother, Lena Gestal
6. Mother's Maiden Name, Lena Gestal
7. Mother's Birthplace, Germany
8. Full Name of Father, August Gestal
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ann C. Faulstich

Address, 2859 N. Fulton Ave

Remarks,

8770001732

Wm. J. C. Dulany Co., City Printers and Stationers.

1. *Sex,* Female *No. of Child of Mother,*

2. *Race or Color,* White 81649

3. *Date,* Mar 7

4. *Place of Birth,* 1230 Ridgewood Ave

5. *Full Name of Mother,* Mary E Moore

6. *Mother's Maiden Name,* E E Amos

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Clarence Moore

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto

Ina C. Fauletich

2859. N. Fulton Ave

1 8 4 7 0 0 0 1 7 3 3

RM 1236.]

RETURN OF A BIRTH. 81650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 7th of March 1897
4. *Place of Birth, (Street and Number)* No 1227 E. Eutaw
5. *Full Name of Mother,* Annie Hynson
6. *Mother's Maiden Name,* Annie Timm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Hynson
9. *Father's Occupation* Ice Dehot
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, No 1054 Maryland Ave

Remarks, Col. Asst

1897

847U0041734

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* March 12/07
4. *Place of Birth, (Street and Number)* 209 Pulaski St.
5. *Full Name of Mother,* Mrs George Barnes
6. *Mother's Maiden Name,* Mollie V. Vance
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George Barnes
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2539 Penna. Ave.

Remarks,

1897000 1735

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

GIVEN NAME ADDED 2-2-52

RETURN OF A BIRTH. 81652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma ~~Elizabeth~~ Schubert

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Fifth

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, March 14 1897

4. *Place of Birth*, (*Street and Number*) 20 Hill Ermine St

5. *Full Name of Mother*, Mary L. Schubert

6. *Mother's Maiden Name*, Mary L. Bond

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Jerome Schubert

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm C. H. Lauer

Address, No 1054 Harford Ave

Remarks, Bal Md

1897

8970001736

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 81653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dpr 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thr 15 Th March 1897
4. *Place of Birth, (Street and Number)* No 1725 Bond St
5. *Full Name of Mother,* Annie E Darby
6. *Mother's Maiden Name,* Annie E. Dillahan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Gilbert Darby
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Montgomery County

Name of Medical Attendant, or other person who makes this Return, Jno C. H. Davis

Address, No 059 Harford Ave

Remarks, Mal Vital

1897

18970001737

Wm. J. C. Dulany Co., City Printers and Stationers.

(Section of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 17, 1897
4. *Place of Birth, (Street and Number)* 2009 Walbrook Ave
5. *Full Name of Mother,* Carrie Thornton
6. *Mother's Maiden Name,* Carrie Thale
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Percy Thornton
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 N. Fulton

Remarks,

1897000001738

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W'kt.
3. Date of Birth, March 18 1897
4. Place of Birth, (Street and Number) 2140 Madison Ave.
5. Full Name of Mother, Mrs. Wm. C. Idail
6. Mother's Maiden Name, Agnes Powis
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Wm C. Idail
9. Father's Occupation Engineer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, E. A. Grist M.D.

Address,

Remarks,

1897 0001739

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-28-55

RETURN OF A BIRTH. 81656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Wht.
3. Date of Birth,	mch. 19/47
4. Place of Birth, (Street and Number)	1354 N. Fremont Ave.
5. Full Name of Mother,	Mrs. E. Crook
6. Mother's Maiden Name,	Adair Yeatman
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	Philip Crook
9. Father's Occupation	Fireman
10. Father's Birthplace,	Prince George Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2531 Penna. Ave.
Remarks,	

8970001740

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 20th/97
4. *Place of Birth, (Street and Number)*	248 Cedar Ave
5. *Full Name of Mother,*	Cora L. ~~Henderson~~ Davidson
6. *Mother's Maiden Name,*	" " Henderson
7. *Mother's Birthplace,*	Howard Co. Md.
8. *Full Name of Father,*	Jno. W. Davidson
9. *Father's Occupation*	Worker in Cotton Mills
10. *Father's Birthplace,*	Laurel Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. N. Feldman M.D.
Address,	#102 Chestnut Ave
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970001741

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 20 1897
4. *Place of Birth, (Street and Number)* Darley Ave.
5. *Full Name of Mother,* Hester Caroline Watts
6. *Mother's Maiden Name,* Hester Caroline Watts
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father* Lewis Henry Green
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prince George Co Md

Name of Medical Attendant, or other person who makes this Return, J B Mumma MD Frederick E Augusta Hall

Address,

Remarks,

8970001742

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner it shall be
attendance upon the mother, immediately thereafter; it shall become the
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Mch 22/97
4. Place of Birth, (Street and Number)	522 S. 4th Ave (Hampden)
5. Full Name of Mother,	Mary C. Smith
6. Mother's Maiden Name,	" Campaigne
7. Mother's Birthplace,	Balto Co
8. Full Name of Father,	Jas. N. Smith
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto Co
Name of Medical Attendant, or other person who makes this Return.	Wm. N. Freedman M.D.
Address,	#102 Chestnut Ave
Remarks,	

1897000 1743

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, Mch 24/97

4. Place of Birth, (Street and Number) 1622 Retreat St.

5. Full Name of Mother, Mrs Charles A. Cornell

6. Mother's Maiden Name, Leona Landenwasch

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles W. Cornell

9. Father's Occupation Baker

10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Edgar Smith MD.

Address, 2531 Penna Ave

Remarks,

1897 0001744

Wm. J. C. Dulany Co., City Printers and Stationers.

Within ten days after the birth of any child born in Baltimore City, it shall be the duty of the physician or midwife in attendance upon the mother, or of the person in charge of any institution in which the birth occurs, to report to the Commissioner of Health a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 81661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 7th 1897.
4. *Place of Birth, (Street and Number)* No. 1211 W. Lombard St
5. *Full Name of Mother,* Margaret Ann Mooney.
6. *Mother's Maiden Name,* Margaret A. Trainor
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Edward Patrick Mooney
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, M H Hunter

Address, 28 W Preston St

Remarks,

1897 00017 45

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 81662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28" 1897
4. Place of Birth, (Street and Number) No 222 N Front
5. Full Name of Mother, Gertie Schalowitz
6. Mother's Maiden Name, " Copeland
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Schalowitz
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, I. Ridgway Andre M.D.

Address, 1123 E Baltimore

Remarks,

1897000 1746

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

GIVEN NAME ADDED 9-23-63

RETURN OF A BIRTH. 81663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Anna Schaefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday Born the 28th of March 1897
4. Place of Birth, (Street and Number) No 14 S. Carlton St
5. Full Name of Mother, Mary A Schafer
6. Mother's Maiden Name, " " Arold
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Michael Schafer
9. Father's Occupation Borns and Fat. Driver
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs L Lewis

Address, 23 W Pratt Lexington St

Remarks,

1897 0001747

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 81664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Dec. 24th of January 1897
4. *Place of Birth, (Street and Number)* No 104 E. Pleasant St
5. *Full Name of Mother,* Delia Smith
6. *Mother's Maiden Name,* Delia Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eugene Smith
9. *Father's Occupation* Janitor Bay View Home
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno Ch. Lewis

Address, No 1054 Stafford Ave

Remarks, Bal. Md.

1897

8970001748

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 2-17-59

RETURN OF A BIRTH. 81665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cora Amanda Lego

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Mch 30/97
4. *Place of Birth, (Street and Number)*	111 E Ellen Av.
5. *Full Name of Mother,*	Amy Louisa Lego
6. *Mother's Maiden Name,*	" " Creswell
7. *Mother's Birthplace,*	Bacs Co. Md.
8. *Full Name of Father,*	Amos E. Lego
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Harford Co Md.
Name of Medical Attendant, or other person who makes this Return.	Wm R Fordeman M.D.
Address,	#102 Chestnut Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8477001749

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31. 1897
4. Place of Birth, (Street and Number) 112. E. Clement. St
5. Full Name of Mother, Emma. frances. mayhew
6. Mother's Maiden Name, E. F. Robinson
7. Mother's Birthplace, Prince. george. county. md
8. Full Name of Father, Thomas. Mayhew
9. Father's Occupation upholster
10. Father's Birthplace, Prince george. county. Md

Name of Medical Attendant, or other person who makes this Return. Ellenora. a. anderson

Address, 1434. Patapsco. St

Remarks,

1 8 9 7 0 0 0 1 7 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. ½
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31st of May 97
4. *Place of Birth, (Street and Number)*	216 Fulton Av
5. *Full Name of Mother,*	Ona Akermann
6. *Mother's Maiden Name,*	Ana Imhoff
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Akermann
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenler Midwife
Address,	2116 W Pratt St
Remarks,	

1897 0001751

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Board of Health shall cause a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

81668

RETURN OF A BIRTH. 81668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 1st March at 12 O'clock.
4. Place of Birth, (Street and Number) Baltimore Md. 1010 Sharp St.
5. Full Name of Mother, Dora Thompson.
6. Mother's Maiden Name, Dora Meeker.
7. Mother's Birthplace, Dayton Ohio.
8. Full Name of Father, Franklin Smallwood Thompson.
9. Father's Occupation Machinist.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Catherine Hynick

Address, 800 Leadenhall Street

Remarks,

1897000 1752

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Fifth 81669

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1897
4. *Place of Birth, (Street and Number)* 1214 Cross St. West
5. *Full Name of Mother,* Margaret Miller
6. *Mother's Maiden Name,* Harrington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lee Miller
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Broadway Ave

Remarks,

1897 0001753

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2
4. *Place of Birth, (Street and Number)* 1403 S Charles St
5. *Full Name of Mother,* Maggie Malinda Shultz
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto City Learn
8. *Full Name of Father,* Wm Bernard Shultz
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Catherine Temple

Address, 806 Leadenhall Street,

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970001754

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 2 97.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Catherine Hunsche

Address, 508 Ladenhall Street

Remarks,

1897 0001755

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	2 March
4. *Place of Birth, (Street and Number)*	1138 Whatcoat
5. *Full Name of Mother,*	Mamie Manskey
6. *Mother's Maiden Name,*	Mamie Jackson
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	James Agusta Manskey
9. *Father's Occupation*	Carchman
10. *Father's Birthplace,*	Pikesville Maryland
Name of Medical Attendant, or other person who makes this Return,	Maria Jones
Address,	1337 Whatcoat St.
Remarks,	

1897000001756

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2/97
4. *Place of Birth, (Street and Number)* 134 S. Bradford St.
5. *Full Name of Mother,* Mary Lang
6. *Mother's Maiden Name,* n Schmidt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Lang
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 241 S. Washington St.

Remarks,

8970001757

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2/97
4. *Place of Birth, (Street and Number)* 1512 Hopkins Ave.
5. *Full Name of Mother,* Mary Berger
6. *Mother's Maiden Name,* " Wittgrefe
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Berger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 291 S. Washington Pl.

Remarks,

1897 0001758

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2d March 1897
4. *Place of Birth, (Street and Number)* 721 E Fort Ave
5. *Full Name of Mother,* Sarah E. Hudson
6. *Mother's Maiden Name,* Roberts
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John W Hudson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Piedmont Va

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnewell

Address, 605 E Fort Ave

Remarks,

1897000 1759

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2d March.
4. *Place of Birth, (Street and Number)* 107 W. Hamburg Street
5. *Full Name of Mother,* Katharina Friederike Bätz
6. *Mother's Maiden Name,* " " Weimann.
7. *Mother's Birthplace,* Altenhausen b/ Wittenberg Germany.
8. *Full Name of Father,* Rudolf Christian Bätz
9. *Father's Occupation* Stonecutter.
10. *Father's Birthplace,* Kirchheim b/ Wittenberg Germany.

Name of Medical Attendant, or other person who makes this Return, Catherine Mund

Address, 800 Leadenhall Street.

Remarks,

8970001760

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81677

GIVEN NAME ADDED, 6-28-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George A. Weber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2d

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 97
4. Place of Birth, (Street and Number) #722 Alice Anna St
5. Full Name of Mother, Justa Weber
6. Mother's Maiden Name, -
7. Mother's Birthplace, Germany
8. Full Name of Father, John Weber
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grocmal

Address, 1710 Alice Ann St

Remarks, Full Time

8 4 7 0 0 0 1 7 6 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3d
4. *Place of Birth, (Street and Number)* Baltimore Md. #1218 Talbot Ave
5. *Full Name of Mother,* Katie Wiesmaier
6. *Mother's Maiden Name,* Katie Mayer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Wiesmaier
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return Catherine Münch

Address, 800 Cadenhall Street.

Remarks,

1897U001762

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 te
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 te of March 97.
4. *Place of Birth, (Street and Number)*	333 Schmallwood Av.
5. *Full Name of Mother,*	Lic Pielert
6. *Mother's Maiden Name,*	Lice Baumann
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Georg Pielert
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friedericke Kessler Midwife
Address,	2116 W Pratt St.
Remarks,	

1897000 1763

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th March.
4. *Place of Birth, (Street and Number)* Balto. #911 Bevan Street
5. *Full Name of Mother,* Magdalena Brauns
6. *Mother's Maiden Name,* Magdalena Fort
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Chas. F. Brauns
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Collopy & Finch

Address, 800 Ladenhall Street.

Remarks,

8470001764

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th March
4. *Place of Birth, (Street and Number)* 8 E. Henrietta St.
5. *Full Name of Mother,* Elizabeth Keith.
6. *Mother's Maiden Name,* " Kleid
7. *Mother's Birthplace,* 2 E. Henrietta St. Baltimd
8. *Full Name of Father,* Peter J Keith
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Old No. 46 Raborg St. Baltimd

Name of Medical Attendant, or other person who makes this Return, Catherine Hinch

Address, 800 Leadenhall Street.

Remarks,

8970001765

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2d

1. *Sex, (state whether male or ~~female~~).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4 97
4. *Place of Birth, (Street and Number)* # 724 S. Bond St
5. *Full Name of Mother,* Mary Roszenopski
6. *Mother's Maiden Name,* not Known
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Michael Roszenopski
9. *Father's Occupation* Laboer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Annie Trochmal

Address, # 1710 Alice Anna St

Remarks, Full Name

8970001766

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4/97
4. Place of Birth, (Street and Number) 622 Joseph St.
5. Full Name of Mother, Annie Neubauer
6. Mother's Maiden Name, " Albert
7. Mother's Birthplace, Germany
8. Full Name of Father, John Neubauer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deigenhofer

Address, 241 S. Washington St

Remarks,

8970001767

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 5th 1897
4. *Place of Birth, (Street and Number)*	1916 E Fayette Street
5. *Full Name of Mother,*	Catherine Herr
6. *Mother's Maiden Name,*	Kohleder
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Herr
9. *Father's Occupation*	Undertaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Henriette Herr Widow
Address,	1922 E Fayette Street
Remarks,	

8 9 7 0 0 0 1 7 6 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 81686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6 97
4. *Place of Birth, (Street and Number)* 311 N Caroline St
5. *Full Name of Mother,* Annie Walz
6. *Mother's Maiden Name,* Hentzenberger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Walz
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 1 7 6 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the [illegible] occurred under his or her care during the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 1897
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	5 march
4. *Place of Birth, (Street and Number)*	260 Bruce Street
5. *Full Name of Mother,*	Sarah Rebecca Tripp
6. *Mother's Maiden Name,*	Sarah Rebecca Dorsey
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Frank Albert Tripp
9. *Father's Occupation*	engineer
10. *Father's Birthplace,*	Baltimore county Md
Name of Medical Attendant, or other person who makes this Return,	maria Jones
Address,	1337 d whatcoat Street
Remarks,	

8 4 7 0 0 0 1 7 7 0

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II. Twins

1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5/97
4. Place of Birth, (Street and Number) 614 S. Register St.
5. Full Name of Mother, Auguste K. Rossmark
6. Mother's Maiden Name, " " Hoffman
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Rossmark
9. Father's Occupation Dealer in Poultry
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 24 E. Washington St.

Remarks,

8970001771

Rem. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. 1.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th of March 97
4. *Place of Birth, (Street and Number)*	10 Water St
5. *Full Name of Mother,*	Lina Zerner
6. *Mother's Maiden Name,*	Lina Hoefer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George W. Zerner
9. *Father's Occupation*	Stonemason
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 W Pratt St.
Remarks,	

1897 0001772

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health requires that the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5/97
4. *Place of Birth, (Street and Number)* 1. N. Gort Ter.
5. *Full Name of Mother,* Lina Knott
6. *Mother's Maiden Name,* " Bety
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Knott
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

8970001773

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Catherine Hünch

Address, 800 Leadenhall Street

Remarks,

8 9 7 0 0 0 1 7 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 6 1891
4. *Place of Birth, (Street and Number)* Cross lane Hampden
5. *Full Name of Mother,* Jensine S ~~Jensen~~ Pederson
6. *Mother's Maiden Name,* Jensen
7. *Mother's Birthplace,* Denmark
8. *Full Name of Father,* Christian Pederson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Denmark

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 575

Remarks, Mother & are Hampden city

1897000 1775

Wm. J. C. Dulany Co., City Printers and Stationers

...ner, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 81692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 6th March. 1891
4. *Place of Birth, (Street and Number)* 13. Elliott st
5. *Full Name of Mother,* Mari Peters
6. *Mother's Maiden Name,* Mari Schlutter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo ch Peters
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs A Liessmann.

Address, 2922 Elliott st.

Remarks,

8970001776

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. And be it further enacted, That the Board of Health shall cause the same or blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 81693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 54

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col-

3. Date of Birth, March 4-97

4. Place of Birth, (Street and Number) 2nd Near Hoyt-

5. Full Name of Mother, Minnie Coleman,

6. Mother's Maiden Name, Dorsey-

7. Mother's Birthplace, Va.

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, O Odumpsey

Address, 2nd Near Hoyt-

Remarks,

8970001777

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 5th 97
4. *Place of Birth, (Street and Number)* Maternity 118 W Lombard St.
5. *Full Name of Mother,* Annie Hardaway
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. Clinton

Address, Maternity

Remarks,

8970001778

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 6th 97
4. Place of Birth, (Street and Number) Maternity 115 W Fountain St.
5. Full Name of Mother, Lizzie Bradford
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Dunlap

Address, Maternity

Remarks,

8970001779

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d S

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* ~~April~~ March 6 97

4. *Place of Birth, (Street and Number)* 1 N Eutaw Hosp

5. *Full Name of Mother,* Sallie Bonsto

6. *Mother's Maiden Name,* Jones

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* {illegible}

9. *Father's Occupation* {illegible}

10. *Father's Birthplace,* {illegible}

Name of Medical Attendant, or other person who makes this Return, Woodruff

Address, Md Eutaw Hosp

Remarks,

1 8 9 7 0 0 0 1 7 8 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, Mar. 8th 97

4. Place of Birth, (Street and Number) Maternity 115 W. Fayette St.

5. Full Name of Mother, Delia Ward

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. Clinton Maternity

Address,

Remarks,

8 9 7 0 0 0 1 7 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Mar. 11th 97
4. Place of Birth, (Street and Number) Maternity 115 W Lanvale St.
5. Full Name of Mother, Rose Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Maternity

Remarks,

8970001782

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 14th 97
4. *Place of Birth, (Street and Number)* Maternity 115 W Lombard St.
5. *Full Name of Mother,* Carrie Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. Clausler

Address, Maternity

Remarks, —

8970001783

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 16th 97
4. *Place of Birth, (Street and Number)* Maternity 115 W. Lombard St.
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

* *Name of Medical Attendant,* or other person who makes this Return, J. Claustin

Address, Maternity

Remarks, —

8 9 7 0 0 0 1 7 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Heads. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 20th 97
4. Place of Birth, (Street and Number) Maternity 118 W. Fayette St.
5. Full Name of Mother, Mary Little
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Maternity

Remarks,

1897 0001785

Health. The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK

[Form 1236.]

s which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* March 20 97
4. *Place of Birth, (Street and Number)* 2nd House North
5. *Full Name of Mother,* Amelia Dail
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation* Sanitary
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, O O Humphries

Address, O O Humphries

Remarks,

8 9 7 0 0 0 1 7 8 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28-97
4. *Place of Birth, (Street and Number)* 1815 Fleet Street
5. *Full Name of Mother,* Maggie Sanders
6. *Mother's Maiden Name,* Same
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, O'Donovan

Address, 1815 Fleet Street

Remarks,

8 9 7 0 0 0 1 7 8 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 81704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, March 24-97

4. Place of Birth, (Street and Number) 2nd Female Hosp.

5. Full Name of Mother, Lenie Thomas

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Md.

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 2nd Female Hosp.

Remarks,

1897000 1788

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7 1897
4. *Place of Birth, (Street and Number)* 1st Floor
5. *Full Name of Mother,* Annie Hendrix
6. *Mother's Maiden Name,* Dodd
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Lumber
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, 0 0 Longfellow

Remarks, 1st Floor Rear

1897 0001789

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 28th '97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Fairland St.
5. *Full Name of Mother,*	Mau. Cofr
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin Maternity
Address,	
Remarks,	

8970001790

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Mar. 28th
4. Place of Birth, (Street and Number) Maternity 115 W. Lanvale St.
5. Full Name of Mother, Louisa Jackson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. Clausius Maternity

Address,

Remarks,

+ 8970001791

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Mar. 29th 97
4. *Place of Birth, (Street and Number)* Maternity 115 W. Lombard St.
5. *Full Name of Mother,* Martha Lurad
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Maternity

Remarks,

18970001792

Health. This schedule shall contain a list of the births which have occurred, or shall occur, in the family of the undersigned during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 30th 1897
4. *Place of Birth, (Street and Number)* 823 Mechanics Ct.
5. *Full Name of Mother,* Ella Anderson
6. *Mother's Maiden Name,* Ella Anderson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. F. O'Connor M.D.

Address, Maternité 165 W. Lombard St.

Remarks,

1897 0001793

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health Commissioner shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1. (1 o'clock A. M.)
4. Place of Birth, (Street and Number) 220 N. Fremont Ave.
5. Full Name of Mother, Margarethe Therese Ehring.
6. Mother's Maiden Name, Blair
7. Mother's Birthplace, New York city
8. Full Name of Father, Carl Engelbert
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Cöln a. Rhein - Germany

Name of Medical Attendant, or other person who makes this Return, F. M. Lawin

Address, 1412 Gustavus Place.

Remarks,

1897000 1794

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mar 1st 1897
4. *Place of Birth, (Street and Number)* 34 Woodbery Ave. West Woodbery
5. *Full Name of Mother,* Sarah Cora Foreman
6. *Mother's Maiden Name,* Sarah Cora Belchner
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Henry Foreman
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave.

Remarks,

1 8970001795

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred, its sex, color, the full name and o said schedule shall be delivered, duly signed by the third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of He any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of the births which have occurred under his or her care during the
ne can be ascertained the full name of each child, (if any shall have
and occupation of its parents, the date and place of birth; and the
l by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter, it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1
4. Place of Birth, (Street and Number) 416 S Pennsylvania St
5. Full Name of Mother, Mrs Mary Healey Murphy
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, John Murphy
9. Father's Occupation Electric Light works
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ullman

Address, 11 N Carey St

Remarks,

1897 0001796

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 1st 1897
4. Place of Birth, (Street and Number) 826 Kennedy Court.
5. Full Name of Mother, Matilda Brown
6. Mother's Maiden Name, " Buchanan
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, William Brown
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Wm. McDaney M.D.

Address, John Hopkins Hospital, Balt. Md.

Remarks,

8970001797

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 3.35 A.M., Mar. 3/97.
4. Place of Birth, (Street and Number) 4 W. Henrietta St.,
5. Full Name of Mother, Anna Elizabeth Scarborough.
6. Mother's Maiden Name, Anna Elizabeth Jorry.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Thomas Scarborough.
9. Father's Occupation, Policeman.
10. Father's Birthplace, Accomac Co., Va.

Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M.D.

Address, 8 East Montgomery St.

Remarks, Normal. no puerperal trouble.

1 8 9 7 0 0 0 1 7 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 3, 1897
4. *Place of Birth, (Street and Number)* 2001 Oakley St.
5. *Full Name of Mother,* Nannie King
6. *Mother's Maiden Name,* Wilmer
7. *Mother's Birthplace,* N. Y.
8. *Full Name of Father,* Eugene F. King
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

8970001799

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 a.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 3 / 1 o'clock A. M.
4. Place of Birth, (Street and Number) 405 W. Pratt Street
5. Full Name of Mother, Therese Kvedaras
6. Mother's Maiden Name, Ginda.
7. Mother's Birthplace, Zindranow - Gallizien - Austria.
8. Full Name of Father, Vincent Kvedaras
9. Father's Occupation Tailor.
10. Father's Birthplace, Lietuva - Russia - Polen.

Name of Medical Attendant, or other person who makes this Return Mrs. M. Kaune / for the

Address, Mothers Relief Society / 1712 Eutaw Place,

Remarks,

8 9 7 0 0 0 1 8 0 0

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-12-52

81717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Catherine Claus

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 4 1927

4. *Place of Birth, (Street and Number)* 1218 W. Fremont Ave

5. *Full Name of Mother,* Katie M. Claus.

6. *Mother's Maiden Name,* Katie M. Reese

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Lee A. Claus

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* York, Pa.

Name of Medical Attendant, or other person who makes this Return, H. A. Leadley

Address, 1067 West Lanvale St

Remarks,

1 8 9 7 0 0 0 1 8 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[M 1235.]

RETURN OF A BIRTH. 81718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th March.
4. Place of Birth, (Street and Number) 1011 Hillen St.
5. Full Name of Mother, Wilhelmina Schmit
6. Mother's Maiden Name, Wilhelmina Hoogestraat
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Schmit
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J Smith midwife

Address, 1417 E. Eager St.

Remarks,

8 9 7 0 0 0 1 8 0 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male - Clarence W Conolley
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mar 4th 1897
4. *Place of Birth, (Street and Number)* 125 Davis St. Woodberry
5. *Full Name of Mother,* Elizabeth A. Conolley
6. *Mother's Maiden Name,* Elizabeth A. Gore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles R. Conolley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower M D

Address, 421 Roland Ave.

Remarks, Full name of child added by father upon applying for a Transcript. Date of Birth Verified by Penn April 19-1927

1897 0 0 0 1 8 0 3

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5. 1920. P. M.
4. *Place of Birth, (Street and Number)* 1439 Summerter Lane.
5. *Full Name of Mother,* Fanny Hirsh.
6. *Mother's Maiden Name,* Tucker, Decker
7. *Mother's Birthplace,* Jersey City, N. J.
8. *Full Name of Father,* John Tubman Hirsh,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kraus / for the

Address, Mother Relief Society / 1412. Eutaw place.

Remarks.

1897000 1804

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 6th 1897
4. *Place of Birth, (Street and Number)*	517 Calender Al
5. *Full Name of Mother,*	Catherine ~~Winters~~ Coulson
6. *Mother's Maiden Name,*	" Winters
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Coulson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Graham
Address,	725 Columbia ave
Remarks,	

1897 U 0001805

Wm. J. C. Dulany Co., City Printers and Stationers.

81722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins! 9th. 10th.

1. *Sex, (state whether male or female)* Males.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March the 6th. 1897
4. *Place of Birth, (Street and Number)* 245 Wilhelms St.
5. *Full Name of Mother,* Mrs. Barbara Binder.
6. *Mother's Maiden Name,* Barbara Krieger.
7. *Mother's Birthplace,* Hessen Darmstadt Germany.
8. *Full Name of Father,* George Binder.
9. *Father's Occupation* Newspaper Carrier.
10. *Father's Birthplace,* Bayern Germany.

Name of Medical Attendant, or other person who makes this Return. Dr. A. Gedde

Address, 1004 Wat Texas Ave

Remarks,

8970001806

Wm. J. C. Dulany Co., City Printers and Stationers.

The Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81723

GIVEN NAME ADDED 8/1/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard Snyder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 1897
4. Place of Birth, (Street and Number) 2019 E. Monument St
5. Full Name of Mother, Dora Snyder
6. Mother's Maiden Name, Warwick
7. Mother's Birthplace, Port Deposit Md
8. Full Name of Father, Charles Snyder
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Mc Delany M.D.

Address, Johns Hopkins Hospital, Baltimore Md

Remarks,

8970001807

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7, 1899
4. *Place of Birth, (Street and Number)* 241 E Lombard St
5. *Full Name of Mother,* Becca Riffe
6. *Mother's Maiden Name,* B. White
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Riffe
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 25 Lloyd St

Remarks,

84700001808

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

Cww

RETURN OF A BIRTH. 81725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Felix Jaspar

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 4 97
4. Place of Birth, (Street and Number) 714 E. Fayette St
5. Full Name of Mother, Katie Jaspar
6. Mother's Maiden Name, " Nonnstadt
7. Mother's Birthplace, Germany
8. Full Name of Father, John Jaspar
9. Father's Occupation Saloon
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Capt Capp Miller

Address, 1600 Walker St

Remarks,

8 9 7 0 0 0 1 8 0 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 81726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of March 1897
4. Place of Birth, (Street and Number) 205 Chesapeake St.
5. Full Name of Mother, Mary McCoy
6. Mother's Maiden Name, Mary Hawkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Kelley
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J. Swayze

Address, 814 Canton St.

Remarks,

8 9 7 0 0 0 1 8 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, and every person who shall attend upon any birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth (and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7/97
4. Place of Birth, (Street and Number) 716. S. Cannon Str.
5. Full Name of Mother, Mary Ferber
6. Mother's Maiden Name, " Holte
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Ferber
9. Father's Occupation Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 241. S. Washington St.

Remarks,

8970001811

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7 1897
4. *Place of Birth, (Street and Number)* 52 S Fallsway city
5. *Full Name of Mother,* Sarah E Frazier
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph Frazier
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore county

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 545 Hickory ave Hampden city

Remarks,

8970001812

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8/97
4. *Place of Birth, (Street and Number)* 1525 Eastern Ave.
5. *Full Name of Mother,* Edith R. Reinhardt
6. *Mother's Maiden Name,* " " Bowen
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* Charles Reinhardt
9. *Father's Occupation* ~~Laborer~~ Druggist)
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001813

RETURN OF A BIRTH. 81730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. te.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8th of May. 97.
4. *Place of Birth, (Street and Number)*	2100 Wilhelm St.
5. *Full Name of Mother,*	Ana L. Fink
6. *Mother's Maiden Name,*	Ana L. Kamp
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Fink
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

8970001814

Wm. J. C. Dulany Co., City Printers and Stationers.

Return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

GIVEN NAME ADDED 2-14-62

RETURN OF A BIRTH. 81731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Gibbs Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 - 1897
4. Place of Birth, (Street and Number) 7 W. Lafayette Ave
5. Full Name of Mother, Mary King Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, R. D. Brown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Edwin K. Ballard M.D.

Address,

Remarks,

8970001815

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8th 1894
4. *Place of Birth, (Street and Number)* 102 W. Heath St.
5. *Full Name of Mother,* Mary M. George
6. *Mother's Maiden Name,* Minna M. Neubert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert B. George
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Munch

Address, 800 Leadenhall Street

Remarks,

8970001816

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9 1897
4. *Place of Birth, (Street and Number)* 804 Edmondson Ave
5. *Full Name of Mother,* Bessie Jaffe
6. *Mother's Maiden Name,* Bessie Saphiera Schapiro
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Jaffe
9. *Father's Occupation* Manufacturing Cigars
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsbury

Address, 23 E Lloyd St

Remarks,

8970001817

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9/97
4. Place of Birth, (Street and Number) 114. S. Washington St.
5. Full Name of Mother, Katie Hochwerth
6. Mother's Maiden Name, " Dedio
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Hochwerth
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

18970001818

Wm. J. C. Dulany Co., City Printers and Stationers.

Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of March 1897
4. Place of Birth, (Street and Number) Baltimore City Md. No 732 W. Saratoga st
5. Full Name of Mother, Wallburger Duerr
6. Mother's Maiden Name, Wallburger Knott
7. Mother's Birthplace, Germany in Kitzingen Bavaria
8. Full Name of Father, Valentine H. Duerr
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. Mrs O'Mayer

Address, 924 Hollins st

Remarks,

8970001819

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of March 1897
4. *Place of Birth, (Street and Number)* 401 Chesapeake
5. *Full Name of Mother,* Kate Windemann
6. *Mother's Maiden Name,* Kate Stewart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Winkelmann
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary F Swayne

Address, 324 Canton St

Remarks,

8 9 7 0 0 0 1 8 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1897
4. *Place of Birth, (Street and Number)* 1306 N. Stricker St.
5. *Full Name of Mother,* Minnie Whitter
6. *Mother's Maiden Name,* Tracey
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* William T. Whitter
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Arff M.D.

Address, 701 N Gaurden Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 1 8 2 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5e

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* march the 9-1897
4. *Place of Birth, (Street and Number)* Calvin Street # 219
5. *Full Name of Mother,* Florence McVincent
6. *Mother's Maiden Name,* Florence McVincent
7. *Mother's Birthplace,* maryland
8. *Full Name of Father,* John P nugent
9. *Father's Occupation* printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, # 1922 Wilkins ave

Remarks,

8970001822

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can been conferred) its sex, color, the full name and o said schedule shall be delivered, duly signed by th third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately thereaf child to report its birth to the Commissioner of He any such person or persons who shall hereafter fai jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. 81739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, march the 9. 1897
4. Place of Birth, (Street and Number) Christiana st abv 1924
5. Full Name of Mother, Mary E Shipley
6. Mother's Maiden Name, Mary E Coal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B Shipley
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Feller

Address, abv 1922 Wilkins Av

Remarks,

1897000 1823

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March the 9 1897
4. *Place of Birth, (Street and Number)*	fulton Ave No 600-4
5. *Full Name of Mother,*	cristener deitz
6. *Mother's Maiden Name,*	cristener miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	andrew J deitz
9. *Father's Occupation*	laborer
10. *Father's Birthplace,*	Pennsilvania
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fellers
Address,	No 1922 Milton Ave
Remarks,	

8970001824

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8c

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 9th 1897
4. *Place of Birth, (Street and Number)* Fulton Ave No 1814
5. *Full Name of Mother,* Carrie Lincoln
6. *Mother's Maiden Name,* Carrie Rode
7. *Mother's Birthplace,* ulster Co. new-york
8. *Full Name of Father,* John L Lincoln
9. *Father's Occupation* Cloth Cutter
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs S Talley

Address, No 1922 Wilkins Ave

Remarks,

8970001825

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 9
4. Place of Birth, (Street and Number) No 806 Ridgely St
5. Full Name of Mother, Anna Maria Locker
6. Mother's Maiden Name, Anna Maria Schultz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Locker
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Klinck

Address, 800 Leadenhall Street

Remarks,

8 9 7 U 0 0 1 8 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 March 97 1881
4. *Place of Birth, (Street and Number)* 1536 Clement
5. *Full Name of Mother,* Rose Bucklist Hammer
6. *Mother's Maiden Name,* Katie
7. *Mother's Birthplace,* Poland Bucklist
8. *Full Name of Father,* Edward
9. *Father's Occupation* Baltic
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Thos E Yarnall

Address, 650 Hartford Ave

Remarks,

8970001827

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1256

RETURN OF A BIRTH. 81744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10th 1897
4. Place of Birth, (Street and Number) 807 Hollins St.
5. Full Name of Mother, Jennie Evans
6. Mother's Maiden Name, Jennie Durst
7. Mother's Birthplace, Allegheny Co. Md.
8. Full Name of Father, Charles Evans
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. Hampson Jones

Address, 211 N. Franklin St.

Remarks,

8970001828

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 81745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th March
4. *Place of Birth, (Street and Number)*	1902 E Fayette Street
5. *Full Name of Mother,*	Elizabeth Schmidt
6. *Mother's Maiden Name,*	a Goglein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Max Schmidt
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Brown Midwife
Address,	1922 E. Fayette Street
Remarks,	

8 9 7 0 0 0 1 8 2 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 10 of March
4. *Place of Birth, (Street and Number)* Balto [illegible] East 2202
5. *Full Name of Mother,* Mrs Helen Virginia Bonds
6. *Mother's Maiden Name,* Tabb
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bonds
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return Mrs Dan [illegible]

Address, Baltimore and [illegible] East 2202

Remarks,

1897000018 30

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10/97
4. *Place of Birth, (Street and Number)* 1727 Ashland Ave.
5. *Full Name of Mother,* Lina Ott
6. *Mother's Maiden Name,* " Friedman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Ott
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

1897 0001831

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ½

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 ½ of month 97
4. *Place of Birth, (Street and Number)* 2522 W Balto
5. *Full Name of Mother,* Sedore Ogle
6. *Mother's Maiden Name,* Sedore Kinsey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William H. Ogle
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kenler Midwife

Address, 2116 W. Pratt St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001832

Section 1. Be it enacted by the General Assembly of Maryland, That the Commissioner of Health of Baltimore City shall cause to be recorded in a book to be kept for that purpose, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 tr

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of March 97
4. *Place of Birth, (Street and Number)* 323 Fulton Av
5. *Full Name of Mother,* Johana Major
6. *Mother's Maiden Name,* Johana Mekens
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Major
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 W Pratt St

Remarks,

8 9 7 0 0 0 1 8 3 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

The name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3.35 A.M., March 10/97
4. *Place of Birth, (Street and Number)* 1616 Mc Henry St.
5. *Full Name of Mother,* Annie Eva Schroeder
6. *Mother's Maiden Name,* Annie Eva Keller
7. *Mother's Birthplace,* Philadelphia, Pa.
8. *Full Name of Father,* Jacob Jefferson Schroeder
9. *Father's Occupation,* Boat-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth M.D.

Address, 8 East Montgomery St

Remarks, Labor normal. No puerperal trouble.

1897 00018 34

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* Mar 10th 1897

4. *Place of Birth, (Street and Number)* 415 N. Exeter St

5. *Full Name of Mother,* Mrs Sarah Powell

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Mr. Powell

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. F. O'Connor M.D.

Address, 115 W. Lombard St. Maternité Hosp.

Remarks,

1897 U 001835

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 10th 1897
4. *Place of Birth, (Street and Number)* 112 N. Biddle St.
5. *Full Name of Mother,* Mrs Nana Bullock
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Mr Bullock
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. F. O'Connor M.D.

Address, Maternité 115 N. Lombard St

Remarks,

8970001836

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 11 1897
4. *Place of Birth, (Street and Number)*	12 S Frederick ste
5. *Full Name of Mother,*	Ida Van Tassel
6. *Mother's Maiden Name,*	I. Luskey
7. *Mother's Birthplace,*	Washington D C
8. *Full Name of Father,*	Elemer H Van Tassel
9. *Father's Occupation*	Police officer
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return,	Marie E Kalwitzer M D
Address,	725 Mulberry ste
Remarks,	

1897000001837

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81754

GIVEN NAME ADDED 1/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HARRY BIEDENKAPP 4d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11. (10. A. M.) 1897
4. Place of Birth, (Street and Number) 909½ Leadenhall Street.
5. Full Name of Mother, Sophie Biedenkopp,
6. Mother's Maiden Name, Glück.
7. Mother's Birthplace, Blankenau near Fulda - Germany.
8. Full Name of Father, Julius Biedenkopp,
9. Father's Occupation Tanner,
10. Father's Birthplace, Richenteddnear Lahnstein - Hessen Nass. Prussia

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune for the

Address, Mothers Relief Society 1412 Gustav Place.

Remarks,

1897000001838

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 81755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 1897
4. *Place of Birth, (Street and Number)*	414 E. Lanvale St
5. *Full Name of Mother,*	Mary G. McCaffrey
6. *Mother's Maiden Name,*	Mary G. Lynch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James McCaffrey
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	C. Hampson Jones
Address,	911 N. Franklin St
Remarks,	Delivered by midwife

1897000 1839

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, [illegible], &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 - 1897
4. Place of Birth, (Street and Number) 929 Leadenhall street - city
5. Full Name of Mother, Rosie Nicholas
6. Mother's Maiden Name, Rosie Strohmeir
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernest C. H. Nicholas
9. Father's Occupation Stock clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Catherine Mayer

Address, 900 Leadenhall Street

Remarks,

1897000840

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th E. Fort Ave
4. Place of Birth, (Street and Number) 12 March 97
5. Full Name of Mother, Ellen Kraft
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter P. Kraft
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas Ellsworth

Address, 607 E. Fort Ave

Remarks,

1897000 1841

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12/97
4. Place of Birth, (Street and Number) 248. S. Castle St
5. Full Name of Mother, Maggie Seeberger
6. Mother's Maiden Name, " Ammann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Anton Seeberger
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241. S. Washington Ave

Remarks,

1897 U 0001842

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIV

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 12th '97
4. *Place of Birth, (Street and Number)* 20 S. Bethel St.
5. *Full Name of Mother,* America Hazel Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Frederick Md
8. *Full Name of Father,* Alfred Hazel
9. *Father's Occupation* Hendrs
10. *Father's Birthplace,* Jackson Miss

Name of Medical Attendant, or other person who makes this Return, Wm. H. Dabney M. D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

1847U001843

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 10th 1897
4. *Place of Birth, (Street and Number)* 3125 Hillen st
5. *Full Name of Mother,* Francis Lecompte
6. *Mother's Maiden Name,* Taylor
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Hyot E. Lecompte
9. *Father's Occupation* Sulphur Burner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, H. H. Schwalka M.D

Address, 2422 Fait ave

Remarks,

1897 0001844

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascertained the full name and occupation ... been conferred, its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th ~~1897~~ 1897
4. *Place of Birth, (Street and Number)* 711 N. Caroline St.
5. *Full Name of Mother,* Sadie Florence Franke
6. *Mother's Maiden Name,* " " Brewster
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Bernhard A. Franke
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Oxford Md.

Name of Medical Attendant, or other person who makes this Return, Henry Ayre Hyland M.D.

Address, 1435 N. Broadway

Remarks,

1897000 1845

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236]

RETURN OF A BIRTH. 81762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 13 - 97
4. *Place of Birth, (Street and Number)* 1132 N. Gay St
5. *Full Name of Mother,* Florence E. Gross
6. *Mother's Maiden Name,* " " Palmer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Nicholas G. Gross
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Mauree

Address, 1438 N. Bond St

Remarks,

8970001846

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13th 1897
4. Place of Birth, (Street and Number) S. Schroeder 134 Baltimore
5. Full Name of Mother, Anna Marie Bedford.
6. Mother's Maiden Name, " " Kaline
7. Mother's Birthplace, Washington Road Balto co
8. Full Name of Father, Wm. Thomas Bedford.
9. Father's Occupation, Printer
10. Father's Birthplace, Towsontown Balto co

Name of Medical Attendant, or other person who makes this Return. Mrs O Mayer

Address, 924 Hollins st

Remarks,

1897 0001847

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ORM 1236]

RETURN OF A BIRTH. 81764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 13th March 1897
4. Place of Birth, (Street and Number) 1011. Forster Avenue.
5. Full Name of Mother, Olga Bekeruh.
6. Mother's Maiden Name, Olga Senkbeil.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Herman Bekeruh.
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P Liessmann.

Address, 2929 Elliott street.

Remarks,

18970001848

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of May 91
4. *Place of Birth, (Street and Number)*	75 Wilkens Av
5. *Full Name of Mother,*	Barbara Stapf
6. *Mother's Maiden Name,*	Barbara Hofmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Stapf
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	216 W Pratt St
Remarks,	

18970001849

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 March 1897
4. Place of Birth, (Street and Number) 1817 Fairmont av
5. Full Name of Mother, Mattie Kopper
6. Mother's Maiden Name, Mattie Nelson
7. Mother's Birthplace, Baltimor M.D.
8. Full Name of Father, Franck Kopper
9. Father's Occupation
10. Father's Birthplace, Baltimor M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1897 0001850

Wm. J. C. Dulany Co., City Printers and Stationers

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

blank schedule, to be furnished by the Commissioner of
hs which have occurred under his or her care during the
ascertained the full name of each child, (if any shall have
pation of its parents, the date and place of birth; and the
actitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practioner of midwifery, or should no other person be in
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1897
4. *Place of Birth, (Street and Number)* 117 Milton Ave
5. *Full Name of Mother,* Emilie York
6. *Mother's Maiden Name,* single
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~
9. *Father's Occupation* ~
10. *Father's Birthplace,* ~

Name of Medical Attendant, or other person who makes this Return, Mrs H. Brown Midwife

Address, 1922 E Fayette Street

Remarks,

1897 000 1851

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14/97
4. Place of Birth, (Street and Number) 876 N. Wolf St.
5. Full Name of Mother, Annie Barthel Gross
6. Mother's Maiden Name, Balto.
7. Mother's Birthplace, John Barthel
8. Full Name of Father, Laberer
9. Father's Occupation Balto.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

1897 0001852

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 81769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 14, 1877.
4. Place of Birth, (Street and Number) 519 St. Mary's st.
5. Full Name of Mother, Sallie A. Boblitz.
6. Mother's Maiden Name, Hamilton.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward Frank Boblitz.
9. Father's Occupation Machinist.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1877000853

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 14th 97
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St.
5. Full Name of Mother, Mrs. M. E. Clayton
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, M. E. Clayton
9. Father's Occupation Carpenter
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. Clinton

Address, Maternity

Remarks,

1897 0001854

The Physician, Midwife or Practitioner in charge of the case, shall fill out this schedule, to be furnished by the Commissioner of Health, and shall keep a true and correct account of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14. (7.30 P.M.)
4. *Place of Birth, (Street and Number)* 1746 Riverside Ave.
5. *Full Name of Mother,* Mary Elizabeth Bailey,
6. *Mother's Maiden Name,* Morton,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Francis Daily,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kavanaugh for Dr.

Address, Mothers Relief Society 1712 Eutaw Place

Remarks,

1897000 1855

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And Be It Further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* x
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14. / 2. 15. P. M. /
4. *Place of Birth, (Street and Number)* 521. N. Fremont Ave
5. *Full Name of Mother,* Louise, Marie Miller
6. *Mother's Maiden Name,* Giest.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John, Henry Miller
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune

Address, 1412 Eutaw Place

Remarks,

8970001856

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 14. 1897
4. *Place of Birth, (Street and Number)* 1335 N. Mount St.
5. *Full Name of Mother,* Celeste Irene Watson
6. *Mother's Maiden Name,* " " Tippett
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John James Watson
9. *Father's Occupation* Traveling Salesman
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison ave.

Remarks,

8477 0001857

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 14th 1897

4. *Place of Birth, (Street and Number)* 403 Courtland St

5. *Full Name of Mother,* Mrs Mary Rebelle

6. *Mother's Maiden Name,* Md

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Mr Rebelle

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. F. O'Connor M.D.

Address, Maternite 115 W. Lombard St.

Remarks,

1897 0001859

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 27, 1897.
4. *Place of Birth, (Street and Number)* 624 Greenmount ave
5. *Full Name of Mother,* Florence Rebecca Stuck Thomas
6. *Mother's Maiden Name,* Florence Rebecca Stuck
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Harry Crothwell Thomas Jr
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Chas Burke Earnshaw

Address, 1027 Madison ave.

Remarks,

SECTION [illegible] Be it enacted [illegible] practicing midwifery in the City of Baltimore [illegible] whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register [illegible], and shall enter the same on blank schedule, to be furnished by the Commissioner of Health [illegible] rule shall contain a list of the births which have occurred under his or her care during the month, and [illegible] set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970001859

A81309

RETURN OF A BIRTH. 813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5 ist
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	February 28th 1897
4. *Place of Birth,* (*Street and Number*)	635 Fletcher St.
5. *Full Name of Mother,*	Catherine Klinge
6. *Mother's Maiden Name,*	" Hahn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel O.
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Dr. J. Fa
...ress,	
...ks,	

1897000 1860

RETURN OF A BIRTH. 81311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 2 1897
4. *Place of Birth, (Street and Number)*	518 Fremont ave
5. *Full Name of Mother,*	Mary Davis Rost
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Richard Davis
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Geo R Bates
Address,	72 S Columbia ave
Remarks,	1897000018611

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules furnished by the Commissioners of Health. This schedule shall contain a list of the births which have occurred under his or her care during [illegible] shall set forth as far as the same can be ascertained the full name of each child, if [illegible] red) its sex, color, the full name and occupation of its parents, the date and place of birth, and [illegible] shall be subscribed, duly signed by the practitioner in the form of a certificate hereinafter required, and [illegible] upon the [illegible] attendant fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

G. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/312

To e Office of Registrar of Vital Statistics, Board of Health, Baltimore City..

No. of Chi of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex, (s te whether male or female)*	male
2. *Race c Color, (if not of the white race)*	white
3. *Date Birth,*	February 9 1897
4. *Place Birth, (Street and Number)*	1117 W Franklin st
5. *Full Nme of Mother,*	Elizabeth Deckenna
6. *Mother Maiden Name,*	E. Clark
7. *Mother Birthplace,*	Baltimore
8. *Full Nme of Father,*	Joseph Deckenna
9. *Fathers Occupation*	Polisher
10. *Fathers Birthplace,*	Baltimore
Name Medical Attendant, or other person who makes this Return,	Meanie & Pe
Addres: FILED 3/20/1897	72
Remark	8970002862

...C. Dulany Co., City...

A81313

FORM 123

1897

3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 13 1897

4. Place of Birth, (Street and Number) 1911 Division St

5. Full Name of Mother, Lucy Gaines

6. Mother's Maiden Name, Lucy ~~Gaines~~ unknown

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Dorsey Gaines

9. Father's Occupation Waiter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Hester Eutaw St

Address, 549 West Preston St

Remarks, 8970001863

Wm. J. C. Dulany Co., City Printers and Stationers

Baltimore under whose charge or sup... be a birth shall hereafter take place, shall keep a ... Commissioner of ... register of such birth, and shall enter the same on blank schedule. to be furnished by the Co... Commissioner of ... Health. This schedule shall contain a list of the births which have ... register of such ... have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained, the ... the full name of each child, (if any shall have ... been conferred) its sex and place of birth; and the ... Commissioner of Health. In case the birth of any child ... said schedule, without the attendance of a physician or ... midwifery, or should no other person be in ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be ... duly with the provisions of this section shall be sub- ... covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 15th 1877
4. Place of Birth, (Street and Number) 1801 Fund Valet Alley
5. Full Name of Mother, Marie Palmisino
6. Mother's Maiden Name, Marie Catalina
7. Mother's Birthplace, Italy
8. Full Name of Father, Salvatore Palmisino
9. Father's Occupation Fruit Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Jno Henry Mercenbe

Address, 559 Bloom St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970001864

RETURN OF A BIRTH. 81315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 15 1897
4. *Place of Birth, (Street and Number)*	657 Columbia ave
5. *Full Name of Mother,*	Beulah Guthrie
6. *Mother's Maiden Name,*	Cowan
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas C Guthrie
9. *Father's Occupation*	minister
10. *Father's Birthplace,*	west virginia
Name of Medical Attendant, or other person who makes this Return,	Geo R Shakaw MD
Address,	725 Columbia ave
Remarks,	

1 8 9 7 0 0 0 1 8 6 5

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of inidwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1336]

RETURN OF A BIRTH. 81916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 20 '97
4. *Place of Birth, (Street and Number)*	1926 Druid Hill ave
5. *Full Name of Mother,*	Mrs. Emma J Paternal
6. *Mother's Maiden Name,*	" " Litz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank P Paternal
9. *Father's Occupation*	Engineer Draughtsman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Thos Chew Worthington
Address,	840 W. Fayette St
Remarks,	

8970001866

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every physician or midwife in charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Color female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Feb. 21 1897
4. *Place of Birth, (Street and Number)* Balto. Woodyear st. 1141
5. *Full Name of Mother,* Serreania Tongue
6. *Mother's Maiden Name,* Serreania Ennis
7. *Mother's Birthplace,* U. S. County Md
8. *Full Name of Father,* Cornelius Tongue
9. *Father's Occupation* Public work
10. *Father's Birthplace,* U. S. County Md

Name of Medical Attendant, or other person who makes this Return, Maria Johns

Address, No. 1337.

Remarks,

1897 0001867

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 22 1897
4. *Place of Birth, (Street and Number)*	2113 Wilkens ave
5. *Full Name of Mother,*	Annie Whitely
6. *Mother's Maiden Name,*	" White
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Jos C Whitely
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Leo R Krakauer
Address,	725 Columbia ave
Remarks,	

1897000 01868

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 26th Feb 97
4. *Place of Birth, (Street and Number)* N Calhoun St 1331
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Ella Warfield
7. *Mother's Birthplace,* Howard County Md
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, No 1337 N Whatcoat St

Remarks.

+ 8 9 7 0 0 0 1 8 6 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 81320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1 24

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 27th 1897
4. Place of Birth, (Street and Number) 1108 Druid Hill Ave
5. Full Name of Mother, Susie Currie
6. Mother's Maiden Name, Susie McCulloch
7. Mother's Birthplace, Balto
8. Full Name of Father, George R Currie
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs H Meyer

Address, 524 Wilson St

Remarks,

8970001870

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 81321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry M. ~~Hunt~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 27 1917
4. Place of Birth, (Street and Number) 1911 Ethel St
5. Full Name of Mother, Emma Hunt
6. Mother's Maiden Name, Emma Matten
7. Mother's Birthplace, Anne Arundel County
8. Full Name of Father, Henry Hunt
9. Father's Occupation Gocalyman
10. Father's Birthplace, Anne Arundel County

Name of Medical Attendant, or other person who makes this Return, Mental Clarence

Address, 5-09 Preston St

Remarks,

8 7 0 0 0 1 8 7 1

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Board Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

(See affidavit over)

RETURN OF A BIRTH. 81322

GIVEN NAME ADDED 7-27-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John ~~Johnston~~ Gross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth 5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 28th 1897
4. *Place of Birth, (Street and Number)*	204 Appleton St
5. *Full Name of Mother,*	(Emma) V. Gross
6. *Mother's Maiden Name,*	~~Emma V Johnston~~ Emma V Strange
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Gross
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs A Meisenzahl
Address,	524 Wilson St
Remarks,	

1 8 9 7 0 0 0 1 8 7 2

Every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 28 1897
4. *Place of Birth, (Street and Number)* 20 Aisquith St
5. *Full Name of Mother,* Annie Glass
6. *Mother's Maiden Name,* Russin
7. *Mother's Birthplace,* Annie Finn
8. *Full Name of Father,* Jos. Glass
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Peter Finkelberg

Address, 25 Floyd St

Remarks,

8970001873

Every person having charge or superintendence of a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 21 1897
4. *Place of Birth, (Street and Number)* 113 Stockton St
5. *Full Name of Mother,* Laura A Rich
6. *Mother's Maiden Name,* Laura Coates
7. *Mother's Birthplace,* Spencerton Md
8. *Full Name of Father,* Henry Rich
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Northampton

Name of Medical Attendant, or other person who makes this Return, Hester Colaine

Address, 502 Preston St

Remarks,

8970001874

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81325 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 28 1897

4. Place of Birth, (Street and Number) 2128 Ethel Street

5. Full Name of Mother, Louise Wilson

6. Mother's Maiden Name, Louise Ware

7. Mother's Birthplace, Virginia

8. Full Name of Father, Samuel Wilson

9. Father's Occupation Laborer

10. Father's Birthplace, Wilcox County

Name of Medical Attendant, or other person who makes this Return, Hester Botanic

Address, 509 West Preston Street

Remarks,

18970001875

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1336]

RETURN OF A BIRTH. 8/326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 February
4. *Place of Birth, (Street and Number)* 1232 Wilcox st
5. *Full Name of Mother,* Kate Huber
6. *Mother's Maiden Name,* Becher
7. *Mother's Birthplace,* Ball.
8. *Full Name of Father,* John Huber
9. *Father's Occupation*
10. *Father's Birthplace,* Ball,

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Carey Av.

Remarks,

1 8 9 7 0 0 0 1 8 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 81367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 February
4. *Place of Birth, (Street and Number)* Behrens Lane
5. *Full Name of Mother,* Lizie Regester
6. *Mother's Maiden Name,* Eisenhart
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Nicolas Regester
9. *Father's Occupation*
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 North Cent Av.

Remarks,

8970001877

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 27th 97
4. *Place of Birth, (Street and Number)* 1822 N. Carolina ave.
5. *Full Name of Mother,* Hollie Brown
6. *Mother's Maiden Name,* Hollie Henry
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Hilton A. Brown
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Hilton H. A. Meyer M.D.

Address, 1032 N. Carolina Ave

Remarks,

1897000 1878

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

GIVEN NAME ADDED 10-21-58

RETURN OF A BIRTH. 81329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Friedman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Feb 897
4. Place of Birth, (Street and Number) 209 Harrison St
5. Full Name of Mother, Bessie Friedman
6. Mother's Maiden Name, Tatelbaum
7. Mother's Birthplace, Russia
8. Full Name of Father, Abr Friedman
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S Silverman

Address, 42 Altenwald Ct

Remarks,

1 8 9 7 0 0 0 1 8 7 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 81330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 February 897
4. *Place of Birth, (Street and Number)* 40 Dolphin St
5. *Full Name of Mother,* Annie Frank
6. *Mother's Maiden Name,* Binder
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Frank Frank
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Fleeman

Address, 42 Albemarle St

Remarks, 18970001880

Health. This schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commi... shall occur without the attendance of a physician or practitione... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the m... any such person or persons who shall hereafter fail to comply w... jected to the fine of ten (10) dollars for each offence, to be recove... recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 81331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 Feb 1897
4. *Place of Birth, (Street and Number)* 27 Hanover St
5. *Full Name of Mother,* Rachel Hess
6. *Mother's Maiden Name,* Carton
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Hess
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Baltimore St

Remarks, 18970001881

Wm. J. C. Dulany Co,. City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred during the month, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in attendance upon the mother, or should no other person be in attendance the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of a physician or practitioner of midwifery, if he shall occur without the attendance of a physician or practitioner it shall become the duty of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1235.]

Note: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Feb 897
4. *Place of Birth, (Street and Number)* 24 Harrison St
5. *Full Name of Mother,* Rosa Blum
6. *Mother's Maiden Name,* Kamen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Adolph Blum
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S Silberman

Address, 4 Albemarle St

Remarks,

18970001882

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

GIVEN NAME ADDED 3-4-59

RETURN OF A BIRTH. 81333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Carrie Irene Altfeld 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Feb 1897
4. Place of Birth, (Street and Number) 1093 E Lombard St
5. Full Name of Mother, Ann Altfeld
6. Mother's Maiden Name, Levin
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Altfeld
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 42 Albemarle St

Remarks, 18970001883

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 81334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Feb 1897
4. *Place of Birth, (Street and Number)* 21 Exeter St
5. *Full Name of Mother,* Rosalie Friedman
6. *Mother's Maiden Name,* Dobelosky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nathan Friedman
9. *Father's Occupation* Store maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Silverman

Address, 19 Saltemarket

Remarks,

1897U001884

month, and shall set forth as far as the same can be ascertained the following particulars, viz.: Name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1235.]

GIVEN NAME ADDED 12-14-57

RETURN OF A BIRTH. 81335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jacob Kartman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Feb 1897
4. Place of Birth, (Street and Number) 632 Broadway
5. Full Name of Mother, Nettie Kartman
6. Mother's Maiden Name, Friedblatt
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Kartman
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr Klausner & attendant

Address,

Remarks,

18970001885

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 81336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* colored
3. *Date of Birth,* febery 18 1897
4. *Place of Birth (Street and Number),* 913 What-boat-st city
5. *Full Name of Mother,* Lillie Lanesa howard
6. *Mother's Maiden Name,* Lillie Lanesa Johnson
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* James henry howard
9. *Father's Occupation,* Drinking A Wagon
10. *Father's Birthplace.* [redacted] Carline County

Name of Medical Attendant, or other person who makes this Return. Frenda Walker

Address, 922 What boat St

Remarks,

8970001886

RETURN OF A BIRTH. 8/337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 24th 1897.
4. *Place of Birth, (Street and Number)*	28 N Gilmore st.
5. *Full Name of Mother,*	Annie Kinsey.
6. *Mother's Maiden Name,*	Annie Kennedy.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	J. J. C. Kinsey.
9. *Father's Occupation*	Machinist.
10. *Father's Birthplace,*	Harford Co. Md
Name of Medical Attendant, or other person who makes this Return,	Jokes D Pennington M.D.
Address,	1716 Linden Ave
Remarks,	

1897000 1887

Every person in charge of any institution, and every physician, midwife, or other person who shall attend upon any birth, shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 4-23-62

FORM 1236

RETURN OF A BIRTH. 81338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Audrey ~~Florence~~ Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 25th 97
4. Place of Birth, (Street and Number) 817 N. Lombard St.
5. Full Name of Mother, Lily May Dorsey
6. Mother's Maiden Name, Brattent
7. Mother's Birthplace, Balto
8. Full Name of Father, Helen & Van B. Dorsey
9. Father's Occupation Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H. W. Wehrum M.D.

Address, 723 N. Lombard St.

Remarks,

1897000 1888

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall furnish to the Registrar, to be furnished by the Commissioner of Health to the Physician or other person who shall attend upon the birth of any child, or to be furnished by the Commissioner of Health to the Registrar, to be furnished by the Commissioner of Health to the Physician or other person who shall attend upon the birth of any child,

FORM 1236]

RETURN OF A BIRTH. 81339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	African
3. *Date of Birth,*	Feb. 28th 1897
4. *Place of Birth, (Street and Number)*	1531 Hardgrave st.
5. *Full Name of Mother,*	Nellie Brown Maulsby
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Centreville - Md.
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	E. Ray Baltzmann
Address,	114 Mulberry St. Rear.
Remarks,	

8970001889

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 81340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 18, 1897
4. Place of Birth, (Street and Number) 1120 St. Paul St. Balto.
5. Full Name of Mother, Mary D. Lloyd.
6. Mother's Maiden Name, Mary D. Donnell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles Howard Lloyd
9. Father's Occupation Gentleman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly

Address, 1406 Eutaw Place, Balto

Remarks,

1897 0001890

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall furnish to each physician or practitioner in midwifery, who shall apply therefor, a sufficient number of blank schedules, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 481340½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), F.
2. Race or Color (if not of the white race), Wh.
3. Date of Birth, Feb. 9 - 1897
4. Place of Birth (Street and Number), 1151 E. Lombard.
5. Full Name of Mother, Goldia Lewis.
6. Mother's Maiden Name, — Weinberg.
7. Mother's Birthplace, England.
8. Full Name of Father, Abraham Lewis.
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. Alfred Whitehead M.D.

Address, 1121 E. Baltimore St.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

8970001891

RETURN OF A BIRTH. 81341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1897
4. Place of Birth, (Street and Number) 618 N Payson St.
5. Full Name of Mother, Mary Sue Leonard
6. Mother's Maiden Name, Mary Sue L
7. Mother's Birthplace, Charlestown M
8. Full Name of Father, Edmund Thom Leonard.
9. Father's Occupation, Salesman
10. Father's Birthplace, Easton Md

Name of Medical Attendant, or other person who makes this Return, Chas

Address, 405

Remarks,

8 9 7 0 0 0 1 8 9 2

Wm J C. Dulany Co., City Printer

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th
4. *Place of Birth, (Street and Number)* 1748 Gay st
5. *Full Name of Mother,* Carrie Smith
6. *Mother's Maiden Name,* Carrie Higgins
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1600 N Eutaw st

Remarks,

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 7 0 0 0 1 8 9 3

RETURN OF A BIRTH. 81343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight & child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st of March 1897.

4. Place of Birth, (Street and Number) Baltimore Md. 77 Lemon St.

5. Full Name of Mother, Jeanie Knell

6. Mother's Maiden Name, " McConnell

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Phil H Knell

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Fraunz

Address, # 417 S Stricker St Baltimore Md.

Remarks, Mother and Children doing well.

8970001894

Wm J C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st 1897
4. *Place of Birth, (Street and Number)*	1741 E North Ave
5. *Full Name of Mother,*	Emma Miller
6. *Mother's Maiden Name,*	Vocal
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	August Miller
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	S H Sedgwick M D.
Address,	1501 E Eager St
Remarks,	8970001895

Note. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 81345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1897
4. Place of Birth, (Street and Number) 1415 N Canal St
5. Full Name of Mother, Mary E. Kurtz
6. Mother's Maiden Name, Hochadel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick Kurtz
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Feldhusen M. D.

Address, 1541 N Bager St

Remarks, 18970001896

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 1
4. *Place of Birth, (Street and Number)* 915 Jordan St
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* Mary Banks
7. *Mother's Birthplace,* Old Point Va
8. *Full Name of Father,* Winiana Jones
9. *Father's Occupation* Waitress Hotell
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Lucy Garnish

Address, NO 636 Jas Pre St

Remarks, ...

8 7 7 0 0 0 1 8 9 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1st 1897
4. *Place of Birth, (Street and Number)* No. 554 Fredrick Ave
5. *Full Name of Mother,* Susie Blunt
6. *Mother's Maiden Name,* Susie Schoel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Blunt
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Midwife Mrs Helena Thomas

Address, No. 512 Fredrick Ave. City

Remarks,

been concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970001898

RETURN OF A BIRTH. 81348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1st
4. *Place of Birth, (Street and Number)* 1634 N Fulton Ave
5. *Full Name of Mother,* Lena Mieker
6. *Mother's Maiden Name,* Lena Rupp
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Louis Mieker
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Edw. A Buker M.D.

Address, 2422 Penna Ave

Remarks,

8 9 7 0 0 0 1 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 March 1897
4. *Place of Birth, (Street and Number)* No 1122 Decatur St S.C.
5. *Full Name of Mother,* Lasa T Bradley
6. *Mother's Maiden Name,* " " Goodwin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* R E Bradley
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Lizzie Schaeffer

Address, No 1122 Decatur St S.C.

Remarks,

89700001900

Wm. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 81350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	mch 1st
4. *Place of Birth, (Street and Number)*	1202 Patterson Ave
5. *Full Name of Mother,*	Octavia Burnett
6. *Mother's Maiden Name,*	" Grubbs
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Milton Burnett
9. *Father's Occupation*	Gripman
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Chas H Bubert
Address,	1928 Penna Ave
Remarks,	

1897000190 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81 351

GIVEN NAME ADDED 7-31-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John J. Nolan

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3rd, &c.~~)

1. *Sex*, (~~state whether~~ male ~~or female~~)
2. *Race or Color*, (~~if not of the~~ white ~~race~~)
3. *Date of Birth*, March 1st 1897 - 1140 PM.
4. *Place of Birth*, (Street and Number) 1324 Hillsman St.
5. *Full Name of Mother*, Mary Nolan
6. *Mother's Maiden Name*, " Bannon
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, Martin Nolan
9. *Father's Occupation* Lutsmn Water Dept.
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Alfred Hartigan M.D.

Address, 20 W. Preston

Remarks,

18970001902

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 81352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) E

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1897.
4. Place of Birth, (Street and Number) 619 Bradford St
5. Full Name of Mother, Sophia Ryan
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Ryan
9. Father's Occupation Ironolder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 805 N Washington St

Remarks,

8970001903

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

RETURN OF A BIRTH. 81353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1th 1. 1897.
4. Place of Birth, (Street and Number) 625. Bradford st.
5. Full Name of Mother, Annie Dietz
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father, John Dietz
9. Father's Occupation Bricklayer,
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 905. N Washington St

Remarks,

8970001904

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1st 97
4. *Place of Birth, (Street and Number)* 102 N. Fremont ave
5. *Full Name of Mother,* Anna Huber
6. *Mother's Maiden Name,* " " Sperlein
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Geo. A. Huber
9. *Father's Occupation* Tailor & Cutter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 2 B Mon Portpleasant St

Remarks,

8970001905

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White (Italian)
3. Date of Birth, Tuesday March 2nd 97. (8 P.M.)
4. Place of Birth, (Street and Number) 102 Eight St
5. Full Name of Mother, Rosa D'Paula
6. Mother's Maiden Name, Rosa Vitano
7. Mother's Birthplace, Capalii Italy
8. Full Name of Father, Salvator D'Paula
9. Father's Occupation Fruit Dealer
10. Father's Birthplace, Capalii Italy

Name of Medical Attendant, or other person who makes this Return, Edward Mc

Address, 114 S. Dr Dunbarton

Remarks,

8970001906

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2nd
4. *Place of Birth, (Street and Number)* Baltimore 603 Raburg St
5. *Full Name of Mother,* Henrietta Behn
6. *Mother's Maiden Name,* Henrietta Getz
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* A Friend
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Simms

Address, 640 Raburg St

Remarks, 8970001907

month, and shall set forth as far as the same can be ascertained the same and occupation of its p been conferred; its sex, color, duly signed by the practitioner in th said schedule shall be delivered, duly signed by the practitioner in th third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practioner of mi attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2 1894
4. *Place of Birth, (Street and Number)* 1416 Myrtle Avenue
5. *Full Name of Mother,* Mary B. Shultz
6. *Mother's Maiden Name,* " Slafer
7. *Mother's Birthplace,* Hanover Penna
8. *Full Name of Father,* Charles H. Shultz
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Marburg Brewer M.D

Address, 1106 McCulloh Street

Remarks,

8 9 7 0 0 0 1 9 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 81358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March th 2. 1897.
4. *Place of Birth, (Street and Number)* 512 N Chapel st
5. *Full Name of Mother,* Barbora Sturner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sturner
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germaine

Name of Medical Attendant, or other person who makes this Return, Henry Kopkiss

Address, 205 N Washington Ave St

Remarks,

8970001909

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1897
4. Place of Birth, (Street and Number) 2020 St. Paul St.
5. Full Name of Mother, Marie Egerton
6. Mother's Maiden Name, Sonneberg
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Bryan C. Egerton
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jas. A. Keirnghill M.D.

Address, 1730 N. Charles St.

Remarks,

18970001910

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 81359½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male William Harman McCullough
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April (March) 2nd 1897 6.55 P.M. 1897
4. *Place of Birth, (Street and Number)* 1524 N. Bond St
5. *Full Name of Mother,* Elizabeth (Sarah Eliza) McCullough
6. *Mother's Maiden Name,* Elizabeth (E.) Black
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John McCullough Jr.
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Jas. E. Emmitt M.D.

Address, 701 Baltimore St East

Remarks,

8 9 7 0 0 0 1 9 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

235.]

RETURN OF A BIRTH. 81360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1896.
4. Place of Birth, (Street and Number) Fultonmore Court.
5. Full Name of Mother, Mrs Minnie Hagan.
6. Mother's Maiden Name, Mrs Minnie Hunnicutt
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Mr. Michael Hagan.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Lytle.

Address, 411 S. Patterson Pk. Ave. Balt Md.

Remarks,

8970001912

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 97
4. *Place of Birth, (Street and Number)*	206 Sharp st.
5. *Full Name of Mother,*	Ella Biekis
6. *Mother's Maiden Name,*	Ella Zabiejanis
7. *Mother's Birthplace,*	Lithuania
8. *Full Name of Father,*	Pious Biekis
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Lithuania
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Fleagle M.D.
Address,	920 N Broadway
Remarks,	8970001913

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 81362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1897
4. Place of Birth, (Street and Number) No 820 Columbia Av.
5. Full Name of Mother, Genevive Louisa Fuller
6. Mother's Maiden Name, Genevive Louisa Meisel
7. Mother's Birthplace, Washington D C.
8. Full Name of Father, John Joseph Fuller
9. Father's Occupation Clerk.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Seebach

Address, No 735 W Pratt st Baltimore Md

Remarks,

1897000191 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd
4. *Place of Birth, (Street and Number)*	#224 Madeira st.
5. *Full Name of Mother,*	Annie Groner.
6. *Mother's Maiden Name,*	Annie Kramer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georgie Groner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary E. Pertner
Address,	#241 E. Chestert
Remarks,	

1897000191 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male and female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March 11 2 1897
4. Place of Birth, (Street and Number) Penny st 208
5. Full Name of Mother, ellen Braun
6. Mother's Maiden Name, ellen Talmin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Braun
9. Father's Occupation Labayr
10. Father's Birthplace, Charlestown

Name of Medical Attendant, or other person who makes this Return, Conrad Jane Morrison

Address, 105 west Hurey st

Remarks, full 9 months

8970001916

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March the 2 1897
4. *Place of Birth, (Street and Number)* 1 [illegible] st No 111
5. *Full Name of Mother,* Elizabeth Jeams
6. *Mother's Maiden Name,* Elizabeth Mann
7. *Mother's Birthplace,* northumberland County
8. *Full Name of Father,* Henry Mann
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Prince george County

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, No 105 west Hurey st

Remarks, full 9 months

† 8970001917

Wm. J. C. Dulany Co., City Printers and Stationers.

...full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the office of the Commissioner of Health. In case no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other parents of such shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or midwife, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

GIVEN NAME ADDED 1-30-59

RETURN OF A BIRTH. 81366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emmy Ida Muths

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2 — 1897
4. Place of Birth, (Street and Number) 1507 Gough St.
5. Full Name of Mother, Selma Muths
6. Mother's Maiden Name, Knorr
7. Mother's Birthplace,
8. Full Name of Father, William Muths
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970001918

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1013 W Fayette St.
4. Place of Birth, (Street and Number) Mch 3 1894
5. Full Name of Mother, Carrie Sener
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Md. Washington Co
8. Full Name of Father, Mandel Sener
9. Father's Occupation Reporter
10. Father's Birthplace, Washington Co. Md.

Name of Medical Attendant, or other person who makes this Return, E A Norwood M.D.

Address, 939 W Fayette St

Remarks,

8970001919

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1336]

RETURN OF A BIRTH. 81368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March th 3. 1897.
4. Place of Birth, (Street and Number) 126. N Chapel st
5. Full Name of Mother, Sophia Nebon
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaire
8. Full Name of Father, Charles Nebon
9. Father's Occupation Taylor
10. Father's Birthplace, B. hemanie

Name of Medical Attendant, or other person who makes this Return, Mary Kopsis

Address, 20 N Washington St

Remarks,

1897000 1920

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11 3, 1897.
4. *Place of Birth, (Street and Number)* 2128 Myer St.
5. *Full Name of Mother,* Annie Klima
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemaine.
8. *Full Name of Father,* John Klima
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koplish

Address, 205 N Washington St

Remarks,

8970001921

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 3rd 97
4. *Place of Birth, (Street and Number)*	1618 Bamers at
5. *Full Name of Mother,*	Barbara Kreuzinger
6. *Mother's Maiden Name,*	Barbara Jacobs
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Stephan Kreuzinger
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Layton MD
Address,	920 S Broadway
Remarks,	8970001922

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH. 81371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 3 - 1899
4. *Place of Birth, (Street and Number)*	1753 Hanover St
5. *Full Name of Mother,*	Ida Reside
6. *Mother's Maiden Name,*	Ida Hanes
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	Oliver Reside
9. *Father's Occupation*	Grocer & Provisions
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	E A Brooks
Address,	1528 Light St
Remarks,	Going Well

8970001923

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31 97
4. *Place of Birth, (Street and Number)* 1430 Decatur st
5. *Full Name of Mother,* Mary Adams
6. *Mother's Maiden Name,* Mary Malone
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Jeremiah Adams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Rockland Maine

Name of Medical Attendant, or other person who makes this Return, Ed. Mulheron M.D.

Address, 411 S. Stough st

Remarks,

8970001924

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 81373

GIVEN NAME ADDED 1-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Coates McGee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 8 March 1897

4. *Place of Birth, (Street and Number)* 1333 N. Bond St

5. *Full Name of Mother,* Lillian McGee

6. *Mother's Maiden Name,* Lillian Lamm

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Robert E. McGee.

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Reid Meloney

Address, 1417 E. Eager St.

Remarks,

1 8 9 7 0 0 0 1 9 2 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3- 1897
4. *Place of Birth, (Street and Number)* 626 Pitcher St
5. *Full Name of Mother,* Mamie K Herrlich
6. *Mother's Maiden Name,* Mamie K Heathcote
7. *Mother's Birthplace,* Glen Rock Penn.
8. *Full Name of Father,* Chas. H. Herrlich.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return, Dr W. F. Chappell.

Address, 1351 N Gilmor St

Remarks,

8470001926

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ths which have occurred under his or her care during the ...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Midwife, Undertaker, Physician or Practitioner in charge of or in attendance at a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 3rd 1927
4. *Place of Birth, (Street and Number)* 140 W. Preston St
5. *Full Name of Mother,* Sallie Flint
6. *Mother's Maiden Name,* Sallie Nelson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Wesley Flint
9. *Father's Occupation* Boatman
10. *Father's Birthplace,* Shepherdstown W. V.

Name of Medical Attendant, or other person who makes this Return, G. L. E. Vogler M. D.

Address,

Remarks,

8970001927

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 81375½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Mar 3rd 1897
4. Place of Birth, (Street and Number)	1294 Riverside ave.
5. Full Name of Mother,	Ada A. Biggs
6. Mother's Maiden Name,	Gelt
7. Mother's Birthplace,	Balto. city Md
8. Full Name of Father,	Wm Gaylard Biggs
9. Father's Occupation,	Paperhanger
10. Father's Birthplace,	Kent Co Md
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover st
Remarks,	

1897 0001928

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
titioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
omply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practitione
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recover

RETURN OF A BIRTH. 81376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 3rd
4. *Place of Birth, (Street and Number)*	#2021 Eastern Ave.
5. *Full Name of Mother,*	Matilda Lawson
6. *Mother's Maiden Name,*	Matilda Simons
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Lawson
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertnoy
Address,	#249 S. Chester
Remarks,	

8970001929

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* March 4 97
4. *Place of Birth, (Street and Number)* No 1907 N. Eden Ley Str
5. *Full Name of Mother,* Lizzie Austin
6. *Mother's Maiden Name,* Zeltmun
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H. Austin
9. *Father's Occupation* Police
10. *Father's Birthplace,* Baltimore county

Name of Medical Attendant, or other person who makes this Return, Mrs. L Gross.

Address, No 1907 E Monument Str

Remarks,

1 8 9 7 0 0 0 1 9 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 81378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Mch 4- 97
4. Place of Birth, (Street and Number) 333 S. Smallwood St
5. Full Name of Mother, Louisa M. B. Filert
6. Mother's Maiden Name, Baumann
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Geo. Filert Jr
9. Father's Occupation, Hair Spinner
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Wm Emmet MD.

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1897 0001931

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March 4. 1897.
4. *Place of Birth, (Street and Number)* 727. Linden ave
5. *Full Name of Mother,* Sarah L. James.
6. *Mother's Maiden Name,* Sarah Elizabeth Bradford
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Richard Lewis James Jr.
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Christy Jones

Address, 404 Sargent alley

Remarks,

1 8 9 7 0 0 0 1 9 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Feamale
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1897
4. Place of Birth, (Street and Number) 1015 Hanover St
5. Full Name of Mother, Jennie Ruland
6. Mother's Maiden Name, Jennie Lewis
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Albert Ruland
9. Father's Occupation Excavator
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light

Remarks, Doing Well

8 9 7 0 0 0 1 9 3 3

Note. The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7. th
4. *Place of Birth, (Street and Number)* Riverdale Ave 1508.
5. *Full Name of Mother,* Rose. Shuman
6. *Mother's Maiden Name,* Rose Sanltz
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* George. Schuman
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, 1619 Cuba St

Remarks,

1 8 9 7 0 0 0 1 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the day of her care during the
been conferred) its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commission
shall occur without the attendance of a physician or practioner of m
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with th
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th Month
4. Place of Birth, (Street and Number) 805 N Lanvard St Balto.
5. Full Name of Mother, Sarah Emily Evans
6. Mother's Maiden Name, Sarah Emily Rollins
7. Mother's Birthplace, Balto. ~~Cook~~ County Md.
8. Full Name of Father, Joseph Anderson Evans
9. Father's Occupation Sexton of St Paul's Church and Grave Yard
10. Father's Birthplace, Balto County Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs E Slusher

Address, 2 3 N Pop Precinct 5 X

Remarks,

1897 0 0 0 1 9 3 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1894
4. Place of Birth, (Street and Number) 1327 E. Eager St
5. Full Name of Mother, Amelia L. Moore
6. Mother's Maiden Name, Knoop
7. Mother's Birthplace, St. Louis Mo.
8. Full Name of Father, Joseph W. Moore
9. Father's Occupation Pharmacist
10. Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other person who makes this Return, S. K. Schuster M. D

Address, 1301 E. Eager St

Remarks,

8970001936

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1336]

RETURN OF A BIRTH. 81384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March th 4 1899.
4. *Place of Birth, (Street and Number)* 2134 Jefferson St
5. *Full Name of Mother,* Sophia Hick
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* John Hick
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germanie

Name of Medical Attendant, or other person who makes this Return, Mary Hoptish

Address, 905 N Washington St

Remarks,

8970001937

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* march 4 97
4. *Place of Birth, (Street and Number)* 901 Fell st
5. *Full Name of Mother,* Mary Ceslewitz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Casmer Ceslawitz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Adolph C. Eisenberg 218 N. 162

Address, N. E. Cor. Bank & Broadway

Remarks,

1897 0001938

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. The Commissioner shall furnish the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Etta Carrington Brown

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* March 5. 1897
4. *Place of Birth,* (*Street and Number*) 145 W. La Fayette Ave
5. *Full Name of Mother,* Mary Emma Brown
6. *Mother's Maiden Name,* M. E. Davies
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* James C. Brown
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. Latimer

Address, GIVEN NAME ADDED. 2-6-53 211 W. Monument

Remarks, Chloroform. Slight P.P. Hemorrhage.

1897000001939

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether* 1st, 2d, 3d, &c.~~)

1. *Sex,* (~~*state whether*~~ *male or female*)
2. *Race or Color,* (~~*if not*~~ *of the white race*)
3. *Date of Birth,* March 5th 1897
4. *Place of Birth,* (Street and Number) 341 Fawcett St
5. *Full Name of Mother,* Catharine Marie Hartzell
6. *Mother's Maiden Name,* Fogarty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Oscar Hartzell
9. *Father's Occupation* Secretary B. & O. R. R. Co.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias C. Price M.D.

Address, 1012 Madison Ave

Remarks,

8970001940

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

ORM 1236]

NAME ADDED 2-2-65

RETURN OF A BIRTH. 81388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Rose Charlotte Uhlhorn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 5th 1899
4. Place of Birth, (Street and Number) 513 S. Carrollton Ave
5. Full Name of Mother, Margaret Uhlhorn
6. Mother's Maiden Name, " Humphreys
7. Mother's Birthplace, Balto Md —
8. Full Name of Father, Joseph Uhlhorn
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md —

Name of Medical Attendant, or other person who makes this Return, Jos. P. Saunders

Address, 1095 E. Fayette St —

Remarks, L. I. D. L.

8970001941

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81387

GIVEN NAME ADDED 12-9-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard ~~Carroll~~ Gough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday March 5th, 1897
4. Place of Birth, (Street and Number) 415 E. Biddle St.
5. Full Name of Mother, Nannie Gough
6. Mother's Maiden Name, Nannie Buick
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Arthur Gough
9. Father's Occupation Bookkeeper in Bank,
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Calvert & Preston Sts

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 81387

GIVEN NAME ADDED 12-9-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard Carroll Gough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday March 5th, 1897
4. *Place of Birth, (Street and Number)* 415 E. Biddle St.
5. *Full Name of Mother,* Nannie Gough
6. *Mother's Maiden Name,* Nannie Burick
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Arthur Gough
9. *Father's Occupation* Bookkeeper in Bank,
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts

Remarks, 1 8 9 7 0 0 0 1 9 4 2

on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 5th
4. *Place of Birth, (Street and Number)* 1304 Bayard Steet
5. *Full Name of Mother,* Elenara Robinson
6. *Mother's Maiden Name,* Elenard Allen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Robinson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Danville

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, No 647 Stockholm Street

Remarks,

8 9 7 0 0 0 1 9 4 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 81391

GIVEN NAME ADDED 9/8/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Hamilton Anderson (576) Twin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (State whether male or female)* Male & Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1897
4. *Place of Birth, (Street and Number)* 1821 N. Luzerne St
5. *Full Name of Mother,* Minnie Anderson
6. *Mother's Maiden Name,* " Conner
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles H. Anderson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Lucy H. Buckingham

Address, 2204 N. Monument St

Remarks,

8970001944

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 81392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 5 - 1897

4. Place of Birth, (Street and Number) 113 E. Cross St

5. Full Name of Mother, Barbra Bowers

6. Mother's Maiden Name, Barbra Leih

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Joseph Bowers

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. A Brooks

Address, 1828 Light St

Remarks, Born Well

8 9 7 0 0 0 1 9 4 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissio
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 81393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of March 1895.
4. *Place of Birth, (Street and Number)* Johs. Hopkins Hos
5. *Full Name of Mother,* Elisabeth Hoffmann
6. *Mother's Maiden Name,* Elisabeth Cimbal
7. *Mother's Birthplace,* Hamilton Ohio
8. *Full Name of Father,* Christian Hoffmann.
9. *Father's Occupation* Cutler
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Fog Hiffe

Address, 207 N. Castle St.

Remarks,

8 7 7 0 0 0 1 9 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the said month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every such person to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th March
4. *Place of Birth, (Street and Number)* 711 Burn St
5. *Full Name of Mother,* Maria Mullady
6. *Mother's Maiden Name,* Maria Kelly
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Frank Mullady
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Frith Medwife

Address, 1471 E. Eager St.

Remarks, 1 8 9 7 0 0 0 1 9 4 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March th 5 1897.
4. *Place of Birth, (Street and Number)* 124 Hare St.
5. *Full Name of Mother,* Annie Kula
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemaine
8. *Full Name of Father,* Frank Kula
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Hospital

Address, 905 N Washington St

Remarks,

1897000001948

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 81396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5, 1897.
4. Place of Birth, (Street and Number) 820 Chapel st
5. Full Name of Mother, Annie Benda
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Joseph Benda
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 905 N Washington St

Remarks,

1897000 1949

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 1897
4. Place of Birth, (Street and Number) 2601 N Payson St
5. Full Name of Mother, Annie E. Shelby Adams
6. Mother's Maiden Name, Annie E Shelby
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, H. J. Adams
9. Father's Occupation, Colector
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lorman St

Remarks,

1 8 9 7 0 0 0 1 9 5 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1936.]

RETURN OF A BIRTH. 81398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6 — 1897
4. *Place of Birth, (Street and Number)* 1616 E Lizabeth Laine
5. *Full Name of Mother,* Hattie Brecraft
6. *Mother's Maiden Name,* Hattie Mccarthy
7. *Mother's Birthplace,* Dorchester Co
8. *Full Name of Father,* George Brecraft
9. *Father's Occupation* Laste
10. *Father's Birthplace,* Prince George Co

Name of Medical Attendant, or other person who makes this Return, E A Brookes

Address, 1828 Light St

Remarks, Dairy Well

8 7 7 0 0 0 1 9 5 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Female
2. Race or Color, (~~if not of the~~ white ~~race~~) White
3. Date of Birth, March 6th 1897
4. Place of Birth, (Street and Number) 516 W Lee St
5. Full Name of Mother, Mary E Edgar
6. Mother's Maiden Name, Mary E Neal
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, Henry H Edgar
9. Father's Occupation Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr Theodore Cooke

Address, 914 N. Charles St.

Remarks,

8970001952

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 21400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 6th Saturday morning 4 o'clock
4. *Place of Birth, (Street and Number)* Balto-Md 804 Fremont St
5. *Full Name of Mother,* Mamie Green
6. *Mother's Maiden Name,* Mamie Dawn
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Dooley Green
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington DC

Name of Medical Attendant, or other person who makes this Return, Mary J Hackett

Address, 581 Walnut St

Remarks,

+ 8970001953

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 81401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Howard M. Jr

1. Sex, (state whether male or female) Male A.D.S #1291/20
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 March 1897
4. Place of Birth, (Street and Number) 13 E Warren ave
5. Full Name of Mother, Fannie Rollins
6. Mother's Maiden Name, Fannie Freckunger
7. Mother's Birthplace, Washington DC
8. Full Name of Father, Howard M. Rollins
9. Father's Occupation Oyster Inspector
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 828 Light st

Remarks, Doing Well

8970001954

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 6th 1897
4. *Place of Birth, (Street and Number)* 512 Oxford St
5. *Full Name of Mother,* Julia Coleman
6. *Mother's Maiden Name,* " Barkley
7. *Mother's Birthplace,* Nanticoke Md
8. *Full Name of Father,* George Coleman
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Lexington Va

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

8970001955

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 7th 1897.
4. Place of Birth, (Street and Number) Balt Cen Maternity
5. Full Name of Mother, Margaret Cromwell
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Cehuch Co. Md.
8. Full Name of Father, John Thomas Wolford
9. Father's Occupation Coachman
10. Father's Birthplace, Brunkirk Balt. Co.

Name of Medical Attendant, or other person who makes this Return, Henry J. Hunter M. D.

Address, Balt Cen Hosp.

Remarks,

8 9 7 0 0 0 1 9 5 6

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 5th 1897.
4. Place of Birth, (Street and Number) 705 Cross St.
5. Full Name of Mother, Maggie Johnson
6. Mother's Maiden Name, Maggie Quel.
7. Mother's Birthplace, Calvert Co. Maryland
8. Full Name of Father, Samuel Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Prince George Co

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address,

Remarks, Ward 9 Sec 1

8970001957

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March the 7 1899
4. Place of Birth, (Street and Number) Howard st 1009
5. Full Name of Mother, Hester Lanmon
6. Mother's Maiden Name, Hester Ballat
7. Mother's Birthplace, carfax shire rummer st County
8. Full Name of Father, Harris Lanmon
9. Father's Occupation labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Earpat Jane Lanmon

Address, 105 west Hurey st

Remarks, full 9 months

8970001958

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 7th 1897
4. *Place of Birth, (Street and Number)* 1013 Hunt St
5. *Full Name of Mother,* Mary Lucy Thomas
6. *Mother's Maiden Name,* " " Boone
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Thomas
9. *Father's Occupation* Brick Yard
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Hunt St

Remarks,

1 8 9 7 0 0 0 1 9 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City o more under whose charge or superintendence a birth sh ter of such birth, and shall enter the same on blank th. This schedule shall contain a list of the births w th, and shall set forth as far as the same can be ascert conferred) its sex, color, the full name and occupation schedule shall be delivered, duly signed by the practitio day of each and every month to the office of the Co occur without the attendance of a physician or practi dance upon the mother, immediately thereafter it sha to report its birth to the Commissioner of Health, in such person or persons who shall hereafter fail to comp d to the fine of ten (10) dollars for each offence, to be re

RETURN OF

To the Office of Registrar of Vital Statistics, Board of

81407

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 7th
4. *Place of Birth, (Street and Number)* 9 Ostend
5. *Full Name of Mother,* Barbara Dugan
6. *Mother's Maiden Name,* Barbara Amelia
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Edward F Du
9. *Father's Occupation* Store Cutt
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other per makes th

Address.

P

1897000 1960

1336.]

RETURN OF A BIRTH. 81408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7 - 1877
4. *Place of Birth, (Street and Number)* 1030 River Side ave
5. *Full Name of Mother,* Ellis Miller
6. *Mother's Maiden Name,* Ellis Neukirk
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Nicholas Miller
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brady

Address, 1828 Light St

Remarks, Doing Well

8 9 7 0 0 0 1 9 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health.—The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7th, 1897
4. *Place of Birth, (Street and Number)*	728 N. Gilmor St
5. *Full Name of Mother,*	Maggie Rogers
6. *Mother's Maiden Name,*	Maggie Blakmyer
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John C. Rogers.
9. *Father's Occupation*	Manager of Real Estate
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Bainbridge M. D.
Address,	S.W. Cor. Calvert & Preston Sts
Remarks,	

8970001962

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Mch 7. 1897
4. Place of Birth, (Street and Number) 108 Hartford Ave
5. Full Name of Mother, Willie Stewart Baker
6. Mother's Maiden Name, Willie Stewart Folsom
7. Mother's Birthplace, Stanwood Co, Va.
8. Full Name of Father, Jno. A. Baker
9. Father's Occupation, Teamster
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Dr Hundley

Address, 731 Ford Ave

Remarks,

1897000 1963

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on their Schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 7 1892.
4. Place of Birth, (Street and Number) No. 2003 E. North ave
5. Full Name of Mother, Lillie G. Whitworth
6. Mother's Maiden Name, Lillie G. Ash.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, William E. Whitworth
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Ary R. Elwell M.D.

Address, 1241 Harford ave

Remarks,

8 9 7 0 0 0 1 9 6 4

W. J. C. Dulany Co,. City Printers and Stationers.

rm 1236.]

RETURN OF A BIRTH. 81412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7-'97
4. Place of Birth, (Street and Number) 1421 Riverside Ave
5. Full Name of Mother, Anna A. Bechler
6. Mother's Maiden Name, " " Thorn
7. Mother's Birthplace, Amer-
8. Full Name of Father, John W. Bechler
9. Father's Occupation Fresco-decorating
10. Father's Birthplace, Amer.

Name of Medical Attendant, or other person who makes this Return, J. Ogle Frick M.D.

Address, 600 Columbia Ave

Remarks,

8 9 7 0 0 0 1 9 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7: 1897
4. *Place of Birth, (Street and Number)* 515 N. Fulton Av.
5. *Full Name of Mother,* Lillian M. Rothstein,
6. *Mother's Maiden Name,* " " Busey,
7. *Mother's Birthplace,* Baltimore, Maryland
8. *Full Name of Father,* A. H. Rothstein,
9. *Father's Occupation* Druggist
10. *Father's Birthplace,* Upper Marlboro, Prince Georges Co. Maryland,

Name of Medical Attendant, or other person who makes this Return, Drs. C. Getz, & W. B. Risden,

Address, 312 N. Carey St. & 867 Harlem Av.

Remarks,

8970001966

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

35.]

GIVEN NAME ADDED 6-14-57

RETURN OF A BIRTH. 8/410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Harrod

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 8th 1897.
4. Place of Birth, (Street and Number) #2010 E. Chester St. Balto.
5. Full Name of Mother, Mrs. Emma Harrod.
6. Mother's Maiden Name, Miss Emma Wrighteon.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Mr. William J. Harrod.
9. Father's Occupation Salesman.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Taylor

Address, #611 E. Patterson Pk. Ave. Balto Md.

Remarks,

8970001967

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 March 1897
4. *Place of Birth, (Street and Number)* 628 E Clarkson St
5. *Full Name of Mother,* Leanes Browning
6. *Mother's Maiden Name,* Leanes Gayhardt
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William L Browning
9. *Father's Occupation* Mchanist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 152 Light St

Remarks, Doing Well

8970001968

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 81416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th
4. *Place of Birth, (Street and Number)* 405 Colvin St.
5. *Full Name of Mother,* Rosie May Keiser
6. *Mother's Maiden Name,* Rosie May Kitzinger
7. *Mother's Birthplace,* Petersburg Pa
8. *Full Name of Father,* Emil Keiser
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Saunders MD

Address, 219 E. Preston St

Remarks,

8970001969

Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th March 1897.
4. *Place of Birth, (Street and Number)* 223. N Castle St.
5. *Full Name of Mother,* Cora Gessyford
6. *Mother's Maiden Name,* Cora Gerby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Gessford.
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hill

Address, 207 No Castle St.

Remarks,

8970001970

Health Commissioners shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 8th day of March, 97.
4. *Place of Birth, (Street and Number)* 826 E. Pratt St.
5. *Full Name of Mother,* Rosa Krabitz.
6. *Mother's Maiden Name,* Rosa Holl.
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* Paul Krabitz.
9. *Father's Occupation* Engineer,
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Hilgundra Schultze.

Address, 734 S. Peter St.

Remarks,

8 9 7 0 0 0 1 9 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 March 1897
4. *Place of Birth, (Street and Number)* 1522 Battery Ave
5. *Full Name of Mother,* Ellis Hartman
6. *Mother's Maiden Name,* Ellis Lowe
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Nicholas Hartman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Doing Well

8970001972

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 8th March
4. Place of Birth, (Street and Number) 106 S Conkling St
5. Full Name of Mother, Mary L Bass
6. Mother's Maiden Name, Curtis
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Denis Bass
9. Father's Occupation Laborer
10. Father's Birthplace, West Dulls Md

Name of Medical Attendant, or other person who makes this Return, M A Dawson

Address, 2024 E Pratt St

Remarks, Bath during Week

18970001973

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 97. (Mch. 8th 97)
4. *Place of Birth, (Street and Number)* 105 S. Carlton St.
5. *Full Name of Mother,* Priscilla A. Haschert
6. *Mother's Maiden Name,* Priscilla A. Avery
7. *Mother's Birthplace,* Charlotte Hall, Md.
8. *Full Name of Father,* Chas. F. Haschert
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Baltimore — Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Dale. M.D.

Address, 1203 W. Fayette St.

Remarks,

1897 0001974

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 81422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8th 1897
4. *Place of Birth, (Street and Number)* 427 Mosher St.
5. *Full Name of Mother,* Mary Phelan
6. *Mother's Maiden Name,* Mary Carey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Phelan
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. C Urban Quelch MD

Address, 170 Druid Hill Ave.

Remarks,

8970001975

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 81423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 97.
4. Place of Birth, (Street and Number) 1070 W. Fayette st.
5. Full Name of Mother, Lily M. Haly
6. Mother's Maiden Name, Lily M. Quigley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wilfred S. Haly
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Okell M.D.

Address, 1203 W. Fayette st.

Remarks,

8970001976

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 97
4. Place of Birth, (Street and Number) 1505 McHenry St.
5. Full Name of Mother, Mary E. Barnstricker
6. Mother's Maiden Name, Mary E. Sheldan
7. Mother's Birthplace, Charlotte Hall Md.
8. Full Name of Father, Chas. F. Barnstricker
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Dice. M.D.

Address, 1203 W. Fayette St.

Remarks,

8970001977

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

GIVEN NAME ADDED 3-15-60

RETURN OF A BIRTH. 81425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Heinze

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 8 1897
4. Place of Birth, (Street and Number) 130 - Mc Elderry St.
5. Full Name of Mother, Mary Heinze
6. Mother's Maiden Name, Krauss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Henry Heinze
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

18970001978

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch. 9th 97.
4. *Place of Birth, (Street and Number)* 1905 W. Fayette St.
5. *Full Name of Mother,* Ella Deal
6. *Mother's Maiden Name,* Ella Howard
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* Wm. H. Deal
9. *Father's Occupation* Miller
10. *Father's Birthplace,* Cecil Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Tilles. M.D.

Address, 1203 W. Fayette St.

Remarks,

1897 0001979

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1897
4. *Place of Birth, (Street and Number)* 17 W Barney St
5. *Full Name of Mother,* Maggie Teasel
6. *Mother's Maiden Name,* Maggie Bowers
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Teasel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brookes

Address, 1828 Light St

Remarks, Dairy Mdl

† 8 9 7 0 0 0 1 9 8 0

nnonth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Bro

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* March 7 1897
4. *Place of Birth, (Street and Number)* 1226 Pennsylvania Ave. Balto.
5. *Full Name of Mother,* Laura L. Johns
6. *Mother's Maiden Name,* Laura L. Carmack
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. T. Johns
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Charles Jones M.D.

Address, 403 N. Carey Street

Remarks,

8 9 7 U 0 0 1 9 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 9, 1897
4. *Place of Birth, (Street and Number)* Chapple st
5. *Full Name of Mother,* Mrs Matilda Denby
6. *Mother's Maiden Name,* Mis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lemuel Hagruder
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cordelia Howard

Address, 1010 N. Chapple street

Remarks,

8 9 7 0 0 0 1 9 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 97
4. *Place of Birth, (Street and Number)* 1750 N. Gay st.
5. *Full Name of Mother,* Barbara Schulz
6. *Mother's Maiden Name,* Barbara Oellrich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Schulz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bruns

Address, 1600 N. Chester st

Remarks,

18970001983

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 9 1897
4. *Place of Birth, (Street and Number)* 1240 Riverside ave
5. *Full Name of Mother,* Maggalena Fortuna
6. *Mother's Maiden Name,* Maggalena Walter
7. *Mother's Birthplace,* Amarica
8. *Full Name of Father,* Bernard Fortuna
9. *Father's Occupation* labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 934 Fort ave

Remarks,

18970001984

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 1897
4. *Place of Birth, (Street and Number)* E Eastern ave 2024
5. *Full Name of Mother,* Ella Jane
6. *Mother's Maiden Name,* Fox
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Jane
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr A Davenport

Address, 2024 E Pratt St

Remarks, Bath Wea

1897000001985

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th March
4. Place of Birth, (Street and Number) 1750 Orleans Street
5. Full Name of Mother, Sarah Elizabeth Graves
6. Mother's Maiden Name, Sarah Elizabeth Clinton
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, Wm Joseph Graves
9. Father's Occupation Furniture Operator
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lucan Draper

Address, 129 Durham Street North.

Remarks, No Remarks doing well

8970001986

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 10th 1897
4. *Place of Birth, (Street and Number)* 1234 Riverside ave
5. *Full Name of Mother,* Lizzie Alt
6. *Mother's Maiden Name,* Lizzie Beck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mike Alt
9. *Father's Occupation* labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Catalina Schwarz

Address, 434 Fort ave

Remarks,

8970001987

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3
4. *Place of Birth, (Street and Number)* 1608 N. Calhoun St
5. *Full Name of Mother,* Mary Harber Meeks
6. *Mother's Maiden Name,* Mary Harber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Harrison Meeks
9. *Father's Occupation* Keeper City Jail
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. W. Maennel

Address, 913 North Fulton Avenue near La Fayette Ave.

Remarks,

8970001988

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1897
4. *Place of Birth, (Street and Number)* 214 N. Stricker St.
5. *Full Name of Mother,* Lillian E. Greenfield,
6. *Mother's Maiden Name,* " " Taylor,
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Amos H. Greenfield, Jr.
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. County

Name of Medical Attendant, or other person who makes this Return, Drs. Chas. Getz, & W. B. Rider,

Address, 312 N. Carey St. & 867 Harlem Ave.

Remarks,

1897000 1989

Wm. J. C. Dulany Co., City Printers and Stationers

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11 th 1894
4. *Place of Birth, (Street and Number)* 1143 Wilkin St
5. *Full Name of Mother,* Carrie Baumiller
6. *Mother's Maiden Name,* Carrie Pope
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph Baumiller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A Brooks

Address, 1828 Light St

Remarks, Dung Well

8970001990

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 11/97
4. *Place of Birth, (Street and Number)* No. 2144 E Lanvale St
5. *Full Name of Mother,* Kate Ruth
6. *Mother's Maiden Name,* Wiesrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herbert W. Ruth
9. *Father's Occupation* Sign Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No. 1907 E Monument St

Remarks,

8970001991

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11/97
4. *Place of Birth, (Street and Number)* 523 Hanover
5. *Full Name of Mother,* Katie Biela
6. *Mother's Maiden Name,* Katie Hermanowski
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F. Bielz
9. *Father's Occupation* Iron Carver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Murchison

Address, 411 S. Sharp st.

Remarks,

+ 8 9 7 0 0 0 1 9 9 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 81440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 — 1897
4. Place of Birth, (Street and Number) 1400 Bank St.
5. Full Name of Mother, Minna Lauf
6. Mother's Maiden Name, Huth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Lauf
9. Father's Occupation Saloon - Keeper
10. Father's Birthplace, New - York

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Pratt St.

Remarks,

1897000 1993

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 81441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 1897
4. *Place of Birth, (Street and Number)*	1314 E Fayette
5. *Full Name of Mother,*	Mary Getz
6. *Mother's Maiden Name,*	Schwab
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Getz
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J Ridgway André M D
Address,	1123 E Baltimore
Remarks,	

8970001994

Said Return shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 7/16/64

RETURN OF A BIRTH. 81442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Carrie Roberts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 11 1947
4. Place of Birth, (Street and Number) 524 Lanvale St
5. Full Name of Mother, Mattie Roberts
6. Mother's Maiden Name, Mattie Wright
7. Mother's Birthplace, Afformation City Va
8. Full Name of Father, Levit Roberts
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Hester Orlando

Address, 509 Preston St

Remarks,

1897000 1995

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 12th 1897
4. *Place of Birth, (Street and Number)* 530 Front St
5. *Full Name of Mother,* Bessie Loveday
6. *Mother's Maiden Name,* " Lee
7. *Mother's Birthplace,* Baltimore county
8. *Full Name of Father,* Jacob Loveday
9. *Father's Occupation* Driver of ice wagon
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Front St.

Remarks,

8970001996

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

5-3-66

RETURN OF A BIRTH. 81444

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FRANCES ELINOR KURTZ

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 12-97
4. Place of Birth, (Street and Number)	391 S. Fremont St.
5. Full Name of Mother,	Matilda Kurtz
6. Mother's Maiden Name,	Matilda Lange
7. Mother's Birthplace,	Balt. Md.
8. Full Name of Father,	Frank P. Kurtz
9. Father's Occupation	Clerk
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	J. Tyler Smith M.D.
Address,	60 Columbia Ave
Remarks,	

8 9 7 0 0 0 1 9 9 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 81445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 12 1897.
4. *Place of Birth, (Street and Number)* No. 923 Harford ave.
5. *Full Name of Mother,* Julia Crawley.
6. *Mother's Maiden Name,* Julia Kelly.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* George W. Crawley.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blewett M.D.

Address, 1741 Harford ave.

Remarks,

8970001998

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236]

RETURN OF A BIRTH. 81446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12th 1897

4. Place of Birth, (Street and Number) 1220 Federal st

5. Full Name of Mother, Maggie O'Connel Gormly

6. Mother's Maiden Name, Ireland

7. Mother's Birthplace, Thomas R O'connel

8. Full Name of Father, Brassmoulder

9. Father's Occupation Baltimore

10. Father's Birthplace, J. Ridgway André M.D.

Name of Medical Attendant, or other person who makes this Return, 1123 E Baltimore st

Address,

Remarks,

8970001999

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 1897
4. *Place of Birth, (Street and Number)* 1335 N. Bond st.
5. *Full Name of Mother,* Rebecca A. Maulsby
6. *Mother's Maiden Name,* " " Howard
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Augustus A. Maulsby
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby

Address, 1219 N. Caroline st.

Remarks,

+ 8 9 7 0 0 0 2 0 0 0

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 March 1897
4. *Place of Birth, (Street and Number)* 421 Wehage St.
5. *Full Name of Mother,* Baby Showers
6. *Mother's Maiden Name,* Baby Maurer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Showers
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fortave

Remarks,

8970002001

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 1897
4. *Place of Birth, (Street and Number)* 637 N. Carlton st
5. *Full Name of Mother,* Lizzie Florence Fornwalt
6. *Mother's Maiden Name,* " " Collett
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo. Eugene Fornwalt
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. C. Hemmeter

Address, 621 N. Carrollton Ave

Remarks,

8970002002

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 13th 1897
4. *Place of Birth, (Street and Number)* # 710 Bradley St
5. *Full Name of Mother,* Mrs Emma Gettings
6. *Mother's Maiden Name,* Emma Pelz
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* John H Gettings
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Smith, Grace

Address, # 563 Union St

Remarks,

8970002003

Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (~~state whether male~~ or female)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mch. 14th 1897
4. Place of Birth, (Street and Number) #209 Druid Lane
5. Full Name of Mother, Addie Thomas
6. Mother's Maiden Name, Addie Stewart
7. Mother's Birthplace, N. Y.
8. Full Name of Father, Jno. Wesley Thomas
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Flaundry

Address, #931 Fred ave

Remarks,

1897 0002004

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 14 1907
4. *Place of Birth, (Street and Number)* No 1821 N Durrows Alley
5. *Full Name of Mother,* Lena Ruppert
6. *Mother's Maiden Name,* Ehrmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Ruppert
9. *Father's Occupation* Broom maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument str

Remarks,

8 9 7 0 0 0 2 0 0 5

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1-29-57

RETURN OF A BIRTH. 81453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Michael Cole

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) — — —
3. Date of Birth, March 14 97
4. Place of Birth, (Street and Number) No. 523 Broadway Ave
5. Full Name of Mother, Theresa Cole
6. Mother's Maiden Name, Moore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Cole
9. Father's Occupation Junk dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs L. Gross

Address, No 1917 E Monument Ave

Remarks,

8 9 7 0 0 0 2 0 0 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

Over

RETURN OF A BIRTH. 81454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fannie Friedman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14, 1897.
4. Place of Birth, (Street and Number) 627 Light St.
5. Full Name of Mother, Lena Friedman
6. Mother's Maiden Name, Lena Samlan
7. Mother's Birthplace, Russia
8. Full Name of Father, Meyer Friedman
9. Father's Occupation Pedlor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Barre Str.

Remarks,

18970002007

Every birth occurring in the city of Baltimore shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and it shall be the duty of the attending physician or midwife, and in default thereof, of the father, mother, householder or owner of the premises where such birth occurred, to report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth of each child, if any shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 81455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febuary 15th 97
4. Place of Birth, (Street and Number) 619 Hamburg St.
5. Full Name of Mother, Minnie Pousmith
6. Mother's Maiden Name, Minnie Oberheim
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, William Oberheim
9. Father's Occupation Collector
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, J. Tyler Smith M.D.

Address, 600 Columbia Ave

Remarks,

8 7 7 0 0 0 2 0 0 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 15th 97.
4. Place of Birth, (Street and Number) 104 - S. - 20th 97.
5. Full Name of Mother, Minnie R. Spring.
6. Mother's Maiden Name, Minnie R. Hugg.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Robt Wakefield Spring.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Waverly - Balto Co - Md.

Name of Medical Attendant, or other person who makes this Return. Robt T. Wilson

Address, 820 Park Ave.

Remarks,

18970002009

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M 1236.]

GIVEN NAME ADDED. 8-3-59

RETURN OF A BIRTH. 81457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Lee Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1897.
4. Place of Birth, (Street and Number) Res. 1574 Hopkins ave.
5. Full Name of Mother, Mollie Johnson
6. Mother's Maiden Name, Mollie Kennard
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Walter Johnson
9. Father's Occupation Collector
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Rev. A. Blaxell Ph D

Address, 1741 Harford ave.

Remarks,

8 9 7 0 0 0 2 0 1 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336]

RETURN OF A BIRTH. 81458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 15 1899
4. Place of Birth, (Street and Number) 1005 Eastern Ave.
5. Full Name of Mother, Minni Schmidt
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Schmidt
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fait St

Remarks,

8970002011

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colo

3. *Date of Birth,* March 15 1897.

4. *Place of Birth, (Street and Number)* 326 Burke

5. *Full Name of Mother,* Ella Leggins.

6. *Mother's Maiden Name,* Bullock.

7. *Mother's Birthplace,* Kingar

8. *Full Name of Father,* Andrew Leggins

9. *Father's Occupation* Laboring.

10. *Father's Birthplace,* Wellington

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1021 Eastbourg St.

Remarks, Balto Ind

8970002012

Wm. J. C. Dulany Co,. City Printers and Stationers.

ascertained; the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 8th 1897

4. *Place of Birth, (Street and Number)* No 935 Boyd St

5. *Full Name of Mother,* Elizabeth J. Buckley

6. *Mother's Maiden Name,* Elizabeth Jane Nolan

7. *Mother's Birthplace,* City of Baltimore, Md

8. *Full Name of Father,* Daniel Bernard Buckley

9. *Father's Occupation* Patrolman

10. *Father's Birthplace,* City of Albany, N.Y

Name of Medical Attendant, or other person who makes this Return, Wm J Gunter

Address, 1 3 clo Dispatch 50

Remarks,

8 7 7 0 0 0 2 0 1 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every midwife, and every person who shall attend at the birth of any child, (if any shall have been born dead, or if the child shall die before a return of birth shall be made,) shall ascertain the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of March 1892
4. Place of Birth, (Street and Number) 87 W Fayette st
5. Full Name of Mother, Maria Katherine Riley
6. Mother's Maiden Name, Maria Katherine Zimmerman
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Daniel Columbus Riley
9. Father's Occupation Sign Painter
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs. Stewart

Address, 2 3 W Fayette St

Remarks,

+ 8 9 7 0 0 0 2 0 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13 - 1897
4. *Place of Birth, (Street and Number)* Penna Avenue & Clifton St.
5. *Full Name of Mother,* Kate C. Malone
6. *Mother's Maiden Name,* A Lewis
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James R. Malone
9. *Father's Occupation* Dairyman
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other person who makes this Return, Dr. Brown Md

Address, 1186 McCulloh St

Remarks,

8970002015

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 14/1897
4. *Place of Birth, (Street and Number)* 128 Carlton St
5. *Full Name of Mother,* Mary Perry
6. *Mother's Maiden Name,* Jones.
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* John Perry.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* Eastern Shore.

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga St Balto Md

Remarks,

8970002016

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 March
4. *Place of Birth, (Street and Number)* 1623 Shakspear Ste.
5. *Full Name of Mother,* Louis Soule
6. *Mother's Maiden Name,* Kemps
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Soule
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S. Broad Ste. 838

Remarks, Balto. Md.

8 9 7 0 0 0 2 0 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-19-60

RETURN OF A BIRTH. 81465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Louise 2 Bletzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* ~~Boy~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 March 1897
4. *Place of Birth, (Street and Number)* 722 S. Bond Sth.
5. *Full Name of Mother,* Minnie Bletzer
6. *Mother's Maiden Name,* Brandes
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Bletzer
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Bond Str.

Remarks, Balto. Md.

8970002018 City

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 March
4. *Place of Birth, (Street and Number)* 811 S. Bond Ste.
5. *Full Name of Mother,* Emma Mecky
6. *Mother's Maiden Name,* Trautner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Mecky
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pritt

Address, S Bond Ste. 838

Remarks, Balto. Md.

8 7 7 0 0 0 2 8 1 9 City

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 March
4. Place of Birth, (Street and Number) 620 Eastern Avenue
5. Full Name of Mother, Theresa Cibulskey
6. Mother's Maiden Name, Cesinsky
7. Mother's Birthplace, Pole
8. Full Name of Father, John Cibulskey
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Roth

Address, E. Baud St. 838

Remarks, Balto Md. City

1 8 9 7 0 0 0 2 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 March
4. *Place of Birth, (Street and Number)* 1611 Sangaster Str.
5. *Full Name of Mother,* Franie Vijuovsky
6. *Mother's Maiden Name,* Stasia
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Majk Vijuovsky
9. *Father's Occupation* Lebermann
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, S. Bond Str.

Remarks, Balto. Md.

8 4 7 0 0 0 2 0 2 City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	March 15th 1897
4. *Place of Birth, (Street and Number)*	No 1838 McH Henry st
5. *Full Name of Mother,*	Mrs. Dora Felger
6. *Mother's Maiden Name,*	Miss Dora Lichtenberg
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr Louis Felger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Born Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	No 2008 McH Henry st
Remarks,	

8 9 7 0 0 0 2 0 2 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16, 1897
4. *Place of Birth, (Street and Number)* 1813 E. Chase St.
5. *Full Name of Mother,* Bell Hesse
6. *Mother's Maiden Name,* Bell Harris
7. *Mother's Birthplace,* Homested
8. *Full Name of Father,* Charles Henry Hesse
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Geo. W. Mitchell M.D.

Address, 913 N. Broadway

Remarks,

1897 0002023

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as to the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17
4. *Place of Birth, (Street and Number)* 708 S. Bond Ste.
5. *Full Name of Mother,* Mary Michlinsky
6. *Mother's Maiden Name,* Slowasky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Michlinsky
9. *Father's Occupation* Bar-Saloon
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt.

Address, Balto. Md.

Remarks, S. Bond Ste. 838 City.

8 9 7 0 0 0 2 0 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17
4. *Place of Birth, (Street and Number)* 701 S. Bond Ste.
5. *Full Name of Mother,* Josephine Sirsky
6. *Mother's Maiden Name,* Westranek
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Joseph Sirsky
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Pratt.

Address, 838 S. Bond Ste.

Remarks, Balto Md.

8 9 7 0 0 0 2 0 2 5 City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 51473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 7th 1877
4. *Place of Birth, (Street and Number)*	228 Division St.
5. *Full Name of Mother,*	Susan M. Horsey
6. *Mother's Maiden Name,*	Susan M. Miles
7. *Mother's Birthplace,*	Somerset County
8. *Full Name of Father,*	John T Horsey
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Somerset County
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Goldsborough
Address,	1115 Division St Balto Md.
Remarks,	

8 9 7 0 0 0 2 0 2 6

List of the births which have occurred under the care of the undersigned, with the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1336

CERTIFICATE CORRECTED 1-26-60

RETURN OF A BIRTH. 81474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1 52

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10th 1957

4. Place of Birth, (Street and Number) 36 S. Brevent Ave

5. Full Name of Mother, Henrietta ~~Forman~~ Frank

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph H. ~~Forman~~

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. F. Wunder

Address, 1095 E. Baltimore St.

Remarks, L. U. G. A. Hospt. Group.

18970002027

Elsie Frances Forman

Wm. J. C. Dulany Co., City Printers and Stationers.

certained the full name of each child, (if any shall have
ation of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practioner of midwifery, or should no other person be in
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
shall occur without the attendance of a physician or practi-
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner
comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered.
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 6 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 March
4. *Place of Birth, (Street and Number)* 306 Holt st
5. *Full Name of Mother,* Katie Stoltz
6. *Mother's Maiden Name,* Katie Flerbig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mike Stoltz
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs S Ehrman

Address, 1820 Canton Ave

Remarks,

18970002028

been conferred) its sex, color, the full name and occupation of ascertained the full name of each child, (if any shall have
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be
on of its parents, the date and place of birth; and the
itioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ctioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 March
4. *Place of Birth, (Street and Number)* 226 Eastern Ave
5. *Full Name of Mother,* Annie Kaul
6. *Mother's Maiden Name,* Annie Hemmig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Kaul
9. *Father's Occupation* on ship
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mrs Schuman

Address, 1820 Canton Ave

Remarks,

18970002029

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 81471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March May 17th 1897
4. *Place of Birth, (Street and Number)* 2312 Etting St
5. *Full Name of Mother,* Annie M. Goldsborough
6. *Mother's Maiden Name,* " " Smallwood
7. *Mother's Birthplace,* Anarundel County
8. *Full Name of Father,* John W. Goldsborough
9. *Father's Occupation,* Paperhanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Goldsborough

Address, 1115 Division St

Remarks,

8970002030

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2nd 97
4. *Place of Birth, (Street and Number)* 546 Conway St
5. *Full Name of Mother,* Anna L. Kuchmann
6. *Mother's Maiden Name,* " " Ravenos
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry C. Kuchmann
9. *Father's Occupation* Moulder.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 1000 W. Lexington St

Remarks,

8970002031

Wm. J. C. Dulany Co., City Printers and Stationers.

...mber of each child, of any shall have ...the full name of each child; and the ...month, and shall set forth as far as the same can be ascertained the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1897.
4. *Place of Birth, (Street and Number)* 1114 W. Baltimore St
5. *Full Name of Mother,* Mary B Reuth
6. *Mother's Maiden Name,* " " Conly
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* Jacob H. Reuth.
9. *Father's Occupation* Rivet Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 1000 W. Lexington St.

Remarks,

8970002032

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* ~~White~~ Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 7th 1897

4. *Place of Birth, (Street and Number)* 1320 Riggs Ave.

5. *Full Name of Mother,* Maggie Engle

6. *Mother's Maiden Name,* M. E. Spence

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Harry Engle

9. *Father's Occupation* Letter Carrier

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 1000 W. Lexington St

Remarks,

8 9 7 0 0 0 2 0 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* March 8, 1897.
4. *Place of Birth, (Street and Number)* 1602 N Regester St
5. *Full Name of Mother,* Ida Appel
6. *Mother's Maiden Name,* Ida Berndt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhardt Appel
9. *Father's Occupation* Roofer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W. J. Watson

Address, 1601 Broadway

Remarks,

8 9 7 0 0 0 2 0 3 4

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 1897
4. Place of Birth, (Street and Number) 1112 W. Fayette St
5. Full Name of Mother, Therese Druschel
6. Mother's Maiden Name, " Hockeldyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrick Druschler
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 1000 W. Lexington St

Remarks,

8970002035

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1897
4. *Place of Birth, (Street and Number)* 2206 Beach Ave.
5. *Full Name of Mother,* Maggie Keenly
6. *Mother's Maiden Name,* Eschbach
7. *Mother's Birthplace,* ~~Baltimore~~ Baltimore Md.
8. *Full Name of Father,* Hall Keenly
9. *Father's Occupation* Gas Meter Inspector
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 1000 W. Lexington St.

Remarks,

+ 8970002036

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, 3rd Pearl St March
4. Place of Birth, (Street and Number) 314 Pearl St
5. Full Name of Mother, Antonia Strutnovsky
6. Mother's Maiden Name, " Kotulava
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Strutnovsky
9. Father's Occupation Sailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Morgan

Address, 412 Scott St

Remarks,

8 9 7 0 0 0 2 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7
4. *Place of Birth, (Street and Number)* 3002
5. *Full Name of Mother,* Ida Bertha Gheen
6. *Mother's Maiden Name,* Ida Bertha Gloyd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Frederick Gheen
9. *Father's Occupation* Asst Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Fergan

Address, 2857 Lanvale St

Remarks,

8970002038

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 81486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12. 1897
4. *Place of Birth, (Street and Number)* 928 Hanford ave
5. *Full Name of Mother,* Mary Colleran
6. *Mother's Maiden Name,* Mary Gayner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Colleran
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jefferson Buck. M.D

Address, 1051 Aisquith St-

Remarks,

8970002039

Wm. J. C. Dulany Co,. City Printers and Stationers.

hours, the said child's sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 12th 1897
4. *Place of Birth, (Street and Number)* 241 S. Chester St
5. *Full Name of Mother,* Isabel Taylor
6. *Mother's Maiden Name,* " Leitch
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* William L. Taylor
9. *Father's Occupation* Block-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Amelia V. Zimmerman, M.D.

Address, #1108 Orleans St.

Remarks,

8 9 7 0 0 0 2 0 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th
4. *Place of Birth, (Street and Number)* Carlton St. 110
5. *Full Name of Mother,* Elisabeth Wehrenberg
6. *Mother's Maiden Name,* " " Konig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernest Wehrenberg
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 1000 W. Lexington

Remarks,

8970002041

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 13
4. *Place of Birth, (Street and Number)* 201 W Lanvale St
5. *Full Name of Mother,* Lillie Kraft
6. *Mother's Maiden Name,* " Williams
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Peter Kraft
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A. C. Morrison

Address, 412 Scott St

Remarks,

8 7 7 0 0 0 2 0 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Commissioner of Sex, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 3/10/12

RETURN OF A BIRTH. 81490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FLORENCE MARGUERITE MOOYER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1897
4. Place of Birth, (Street and Number) 832 N. Front
5. Full Name of Mother, Mary Mooyer
6. Mother's Maiden Name, Kress
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry ~~Kress~~ MOOYER
9. Father's Occupation Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M.D.

Address, 1003 W. Bway

Remarks,

Feb. 1897

1897000020 43

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 13 1897
4. *Place of Birth, (Street and Number)* 7 gwyn St
5. *Full Name of Mother,* adia rost
6. *Mother's Maiden Name,* mgrtex
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John rost
9. *Father's Occupation* Labr
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Alice Blum

Address, Clover St

Remarks,

8970002044

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 March
4. Place of Birth, (Street and Number) 657 Light Near Hughes st
5. Full Name of Mother, Katie Williams
6. Mother's Maiden Name, Katie Mc Cormick
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas Williams
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other person who makes this Return, Mrs A. Taylor

Address, No. Gilfords Alley

Remarks,

8970002045

Wm. J. C. Dulany Co,. City Printers and Stationers.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
nmissioner of Health. In case the birth of any child
oner of midwifery, or should no other person be in
ll become the duty of the person or parents of such
e manner and within the period above required, and
ly with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15 '97
4. *Place of Birth, (Street and Number)* 1637 N. Wolfe St
5. *Full Name of Mother,* Katie Scarf
6. *Mother's Maiden Name,* " Strong
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Thos Scarf
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm O. Watson

Address, 1601 N. Broadway

Remarks,

8 9 7 0 0 0 2 0 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 March
4. *Place of Birth, (Street and Number)* 630 Light St Cor Hill
5. *Full Name of Mother,* Elizabeth Concannon
6. *Mother's Maiden Name,* Elizabeth Enright
7. *Mother's Birthplace,* Co Clare Irland
8. *Full Name of Father,* John Concannon
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Co. Galway Ireland

Name of Medical Attendant, or other person who makes this Return, Wm. A. Taylor

Address, no 41 Gilford Alley

Remarks,

8970002047

Wm. J. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health, within the first and third day of each and every month, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female Dorothy C. McCready
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15, 97.
4. *Place of Birth, (Street and Number)* 1719 Guilford ave
5. *Full Name of Mother,* Mary N. McCready
6. *Mother's Maiden Name,* Mary Morris
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos. E. McCready
9. *Father's Occupation,* Boarding Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, N. McLean Yost M.D.

Address, 1231 Argyle ave

Remarks, Full name added by Insist when obtaining transcript

Apr 22-1933 Bessie R. McGinnis Insist

8 97 0 0 0 2 0 4 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1897
4. *Place of Birth, (Street and Number)* 1338 Division St
5. *Full Name of Mother,* Nellie A. Sheets
6. *Mother's Maiden Name,* " " A. Walsh
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Louis Sheets
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Carrol Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 1000 W. Lexington St

Remarks,

8970002049

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 17 day of March 1894.
4. *Place of Birth, (Street and Number)* 1526 N. Durham St. City.
5. *Full Name of Mother,* Emma Flechtner
6. *Mother's Maiden Name,* Emma Lyncker
7. *Mother's Birthplace,* Baltimore Maryland.
8. *Full Name of Father,* Adam John Flechtner
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Bavaria. Germany.

Name of Medical Attendant, or other person who makes this Return, D. Drews. Mid. Wife

Address, 1625 Hopkins Ave.

Remarks,

8 9 7 0 0 0 2 0 5 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-17-56

RETURN OF A BIRTH. 81498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hattie Pearsall Hiltz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17" March / 97
4. Place of Birth, (Street and Number) Balt. City #1614 N. Durham st
5. Full Name of Mother, Gertrude. Elizabeth. Hiltz
6. Mother's Maiden Name, do do Krouse
7. Mother's Birthplace, Hessen. Cossell. Germany.
8. Full Name of Father, Christian. Hiltz
9. Father's Occupation, Foreman = Butcher
10. Father's Birthplace, Baltimore Md. U.S.A

Name of Medical Attendant, or other person who makes this Return. D. Drewes. Mid-Wife.

Address, 1625 Hopkins Ave.

Remarks,

8970002051

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1897
4. Place of Birth, (Street and Number) 2014 N. Lanvale
5. Full Name of Mother, Mrs Ida May Shipley
6. Mother's Maiden Name, Miss Ida May Crouse
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Chas. Alex Shipley
9. Father's Occupation, Fine woodwork & Moulder
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return Dr. Wm. J. Chappelle.

Address, 1351 N. Eutaw St.

Remarks,

I hereby certify that I have attended the birth of the child above named, born on the date above stated, and that I have given to the parents of said child the information necessary to enable them to make this return.

Every person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every physician or midwife who shall attend upon any birth shall, within ten days after the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1897 00002052

RETURN OF A BIRTH. 81500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 19th 97.
4. Place of Birth, (Street and Number) 1601 - Madison Ave.
5. Full Name of Mother, Famie Knaus Aldrich.
6. Mother's Maiden Name, Famie Knaus.
7. Mother's Birthplace, Berlin - Germany.
8. Full Name of Father, Thos B. Aldrich.
9. Father's Occupation. Prof: Physiological Chemistry - Johns Hopkins Medical School.
10. Father's Birthplace, Port Jefferson - N.Y.

Name of Medical Attendant, or other person who makes this Return. Robt D. Wilson.

Address, 820 Park Ave.

Remarks,

1897 0002053

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-3 58

RETURN OF A BIRTH. 61501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Sarah ~~Dieter~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th, 1897.
4. Place of Birth, (Street and Number) 1518 North Broadway
5. Full Name of Mother, Bertie Dieter
6. Mother's Maiden Name, Bertie Roberts.
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John G. Dieter.
9. Father's Occupation Insurance Agent
10. Father's Birthplace, New York
- Name of Medical Attendant, or other person who makes this Return, J. Bassett, M. D.
- Address, 2340 Madison Avenue
- Remarks, Born at Home.

8970002054

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall, within ten days thereafter, report to the Commissioner of Health, in the manner and form prescribed by him, the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Mall
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 20 1897
4. *Place of Birth, (Street and Number)* 656 George St
5. *Full Name of Mother,* Hattie Lewis
6. *Mother's Maiden Name,* Hattie Green
7. *Mother's Birthplace,* N-C-
8. *Full Name of Father,* Luther Lewis
9. *Father's Occupation* Hair Trimmer
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Jane. Simms

Address, 640 Sabar 9 St

Remarks,

8970002055

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born March 20th 1897
4. *Place of Birth, (Street and Number)* 220 Central ave Baltimore Md
5. *Full Name of Mother,* X X
6. *Mother's Maiden Name,* Estella Williams
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Daniel Johnson
9. *Father's Occupation* Coal Laborer
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address 1737 E. Monumental St.

Remarks, No remarks.

8970002056

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 81514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* William E Bauer male
2. *Race or Color, (if not of the white race)* W—
3. *Date of Birth,* Mar. 20. 97
4. *Place of Birth, (Street and Number)* 1518 N. Hopkins Av
5. *Full Name of Mother,* Fanny Elizabeth Bauer
6. *Mother's Maiden Name,* " " Ballou
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Edward Bauer
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 Broadway

Remarks,

8970002057

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Commissioner shall keep a record of the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 81575

GIVEN NAME ADDED 8-4-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] Name: Esther Furman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20, 1897.
4. Place of Birth, (Street and Number) 317 S. Sharp St.
5. Full Name of Mother, Anna Furman
6. Mother's Maiden Name, Anna Grizinskey
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Furman
9. Father's Occupation, & Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubenstein

Address, 105 W. Baltimore St.

Remarks.

8970002058

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 21, 1897
4. *Place of Birth, (Street and Number)* 406 Scott St
5. *Full Name of Mother,* Mary O. Dea
6. *Mother's Maiden Name,* " Ryan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Roger ODea
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mona Mary Harrigan

Address, 412 Scott St

Remarks,

8970002059

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81507

GIVEN NAME ADDED 2-15-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~[illegible]~~ Ethel M. Rehberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 1897
4. Place of Birth, (Street and Number) 1010 N. Hopkins Ave
5. Full Name of Mother, Margaret Rehberger
6. Mother's Maiden Name, Mann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Rehberger
9. Father's Occupation Tool maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M. D.

Address, 1003 N. Dinan

Remarks,

8970002060

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

81508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 8 97
4. Place of Birth, (Street and Number) 1455 N Bay St
5. Full Name of Mother, Barbara Karl
6. Mother's Maiden Name, Barbara Schwarzman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Karl
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. F. Monaghan MD

Address, 1701 Aliceanna

Remarks,

8970002061

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* march 15th 1897
4. *Place of Birth, (Street and Number)* 1214 Raburg St
5. *Full Name of Mother,* Carrie Scott
6. *Mother's Maiden Name,* Carrie Dixon
7. *Mother's Birthplace,* A A County Md
8. *Full Name of Father,* James Henry Scott
9. *Father's Occupation* Water
10. *Father's Birthplace,* A A County Md

Name of Medical Attendant, or other person who makes this Return, Carlin Dacons

Address, 1066 Raburg St

Remarks,

8970002062

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mar 12 1897
4. Place of Birth, (Street and Number) 913 Pierce St
5. Full Name of Mother, Emma Caroline Jones
6. Mother's Maiden Name, Emma Caroline Brown
7. Mother's Birthplace, Chestertown Kent Co. Md
8. Full Name of Father, Allen Jones
9. Father's Occupation Janitor
10. Father's Birthplace, Petersburg Virginia

Name of Medical Attendant, or other person who makes this Return, Caroline Dillon

Address, 1066 Kabong Street

Remarks,

1897000002063

Wm. J. C. Dulany Co., City Printers and Stationers.

duty, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9
4. *Place of Birth, (Street and Number)* 227 N. Appleton St
5. *Full Name of Mother,* " " "
6. *Mother's Maiden Name,* Lillie Smith
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation* — — —
10. *Father's Birthplace,* — — —

Name of Medical Attendant, or other person who makes this Return, Wm. M. Smith

Address, 243 N. Appleton St.

Remarks,

1 8 9 7 0 0 0 2 0 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 81512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18 — 1897
4. *Place of Birth, (Street and Number)* 1010 Fawn St.
5. *Full Name of Mother,* Annie Langan
6. *Mother's Maiden Name,* Lenighan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nickel Langan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970002065

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 81513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 - 1897
4. Place of Birth, (Street and Number) 232 S. Bond St.
5. Full Name of Mother, Mary E. Grauling
6. Mother's Maiden Name, Wilhelm
7. Mother's Birthplace, New Windsor Carol Co Md
8. Full Name of Father, John Grauling
9. Father's Occupation Elevator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Pratt St.

Remarks,

8 9 7 0 0 0 2 0 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 81514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 19 - 1897
4. *Place of Birth, (Street and Number)* 522 S. Chappel St.
5. *Full Name of Mother,* Sallie Daugharty
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Daugherty
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970002067

Wm. J. C. Dulany Co., City Printers and Stationers.

Number, age and birth place as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of March 1877
4. *Place of Birth, (Street and Number)* 22 a & E Orleans st
5. *Full Name of Mother,* Mary Ford
6. *Mother's Maiden Name,* Keith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edwin Ford
9. *Father's Occupation* Carriage Painter
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other person who makes this Return, M L Dennison

Address, 2024 E Pratt St

Remarks, ill born Walk Md

8470002068

Wm. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ter it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 head.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, On the 20th of Feb: 1897
4. Place of Birth, (Street and Number) Church St No 7
5. Full Name of Mother, Annie Jackson
6. Mother's Maiden Name, Corbish
7. Mother's Birthplace, Cambridge Maryland
8. Full Name of Father, Wziah Jackson.
9. Father's Occupation, hard labor
10. Father's Birthplace, Northumberland County Virginia.

Name of Medical Attendant, or other person who makes this Return. Annie M. Davis.

Address, 613 peach Alley.

Remarks, None at all.

8 4 7 0 0 0 2 0 6 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[1236]

RETURN OF A BIRTH. 81577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 20 1897
4. Place of Birth, (Street and Number) 223 S. Bethel St.
5. Full Name of Mother, Henryetta Sewell
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Sewell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970002070

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22 - 1897
4. Place of Birth, (Street and Number) 14 S. Ann St.
5. Full Name of Mother, Anni Kate Nelsen
6. Mother's Maiden Name, Lade
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Nelsen
9. Father's Occupation Fireman
10. Father's Birthplace, Sweeden

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970002071

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 81519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22 - 1897
4. Place of Birth, (Street and Number) 19 S. Dallas St.
5. Full Name of Mother, Anna Rosenbusch
6. Mother's Maiden Name, Kruse
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaak Rosenbusch
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St

Remarks,

8970002072

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 815,20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23 — 1897
4. Place of Birth, (Street and Number) 919 Bank St.
5. Full Name of Mother, Emilie Schneider
6. Mother's Maiden Name, Emmel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schneider
9. Father's Occupation Salesman
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Oraft St.

Remarks,

8970002073

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3rd March 1897
4. Place of Birth, (Street and Number) 1309 E Eager st
5. Full Name of Mother, Hannah Wagner
6. Mother's Maiden Name, " Walters
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Wagner
9. Father's Occupation Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N. Gay st

Remarks,

8 7 7 0 0 0 2 0 7 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th March 1897
4. *Place of Birth, (Street and Number)* 908 N. Gay st
5. *Full Name of Mother,* Caroline Altenburg
6. *Mother's Maiden Name,* " Gunther
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William R. Altenburg
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8 7 7 0 0 0 2 0 7 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 12-8-58

RETURN OF A BIRTH. 81553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Theresa ~~Beckhusen~~ Beckhusen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of March 1897

4. Place of Birth, (Street and Number) Baltimore 1824 Dover St.

5. Full Name of Mother, Lulu Beckhusen

6. Mother's Maiden Name, Patuel

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Beckhusen

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Koenig

Address, # 1145 Fleet St. Baltimore Md

Remarks, Mother and child are living well.

8970002076

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 18 1897
4. *Place of Birth, (Street and Number)* 1821 Penna Ave
5. *Full Name of Mother,* Kate Brandt
6. *Mother's Maiden Name,* " Hamm
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Adolph C Brandt
9. *Father's Occupation* Decorator
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Charles H Babert

Address, 1928 Penna Ave

Remarks, Had three children by a former husband

8970002077

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th of March 1877
4. *Place of Birth, (Street and Number)* Baltimore Co. 213 Woodyear St.
5. *Full Name of Mother,* Katie Wimpfinger
6. *Mother's Maiden Name,* Talley
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Andrew Wimpfinger
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fanning

Address, #414 Hanover Co. (Patapsco Ave.

Remarks, Mother and Child get along well.

8 9 7 0 0 0 2 0 7 8

Wm J C. Dulany Co., City Printers and Stationers.

name can be ascertained the full name of each child, (if any shall have
ne and occupation of its parents, the date and place of birth; and the
ed by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
ysician or practitioner of midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
r of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 19 th 1897
4. *Place of Birth, (Street and Number)* No: 519 Fredrick Ave
5. *Full Name of Mother,* Elizabeth Elger
6. *Mother's Maiden Name,* Elizabeth Kornmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Elger
9. *Father's Occupation* Street - Arab
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Fredrick Ave

Remarks,

8970002079

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 17th 1897

4. *Place of Birth, (Street and Number)* Balto Co 2nd 426 S Stricker St

5. *Full Name of Mother,* Mary Hart

6. *Mother's Maiden Name,* Spencer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John H Hart

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Jas Ivory Emmert

Address, 426 Stricker St Balto Co Md

Remarks, Mother and Child are doing well.

8970002080

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13, 1897.
4. *Place of Birth, (Street and Number)* 1704 William
5. *Full Name of Mother,* Mrs. Theodora Krimmelbein
6. *Mother's Maiden Name,* " Schultz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leopold Krimmelbein
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, John H. Groshans M. D.

Address, 1303 Light St.

Remarks,

8970002081

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 81329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 W

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1897
4. *Place of Birth, (Street and Number)* 756 Hamburg
5. *Full Name of Mother,* Grace Kirby
6. *Mother's Maiden Name,* Grace Winkler
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Kirby
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. H. Hiser M.D. 845 W. Lombard

Address,

Remarks,

8970002082

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[36.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Of White
3. *Date of Birth,* 16th march
4. *Place of Birth, (Street and Number)* 247 Bentalou st
5. *Full Name of Mother,* Cresteria Woody
6. *Mother's Maiden Name,* Cresteria Suttle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W Woody
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs S Hunter

Address, 243 N Robert Ester St

Remarks, ...

8970002083

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22, 1877
4. Place of Birth, (Street and Number) 507 E Stanton st
5. Full Name of Mother, Annie Barton
6. Mother's Maiden Name, Kilion
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Joseph Barton
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2024 E Pratt st

Remarks, Doing Well

8970002084

Wm. J. C. Dulany Co., City Printers and Stationers.

month, after birth, to the same can be ascertained, the date of each birth, the name and
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 81532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mch 22-97
4. *Place of Birth, (Street and Number)*	1222 N Fremont Ave.
5. *Full Name of Mother,*	Elizabeth Scheuerman Cowan
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles Scheuerman
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Charles H Bubert
Address,	1928 Penna Ave
Remarks,	

8970002085

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 23rd 1897.
4. *Place of Birth, (Street and Number)*	2439 Druid Hill Ave
5. *Full Name of Mother,*	Margaret Hooper
6. *Mother's Maiden Name,*	Margaret Kelly.
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Michael H. Hooper
9. *Father's Occupation*	Store Keeper N.S.D.R.
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	L. Bushnell M.D.
Address,	2348 Madison Avenue
Remarks,	Born 8.30 P. M.

8970002086

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 81534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23rd 1897
4. *Place of Birth, (Street and Number)* 505 South Bond Street
5. *Full Name of Mother,* Katie Hocker
6. *Mother's Maiden Name,* Katie Hockhimer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph Hocker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Lenz, midwife

Address, 1539 Aliceanna Street

Remarks,

8970002087

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24/97
4. Place of Birth, (Street and Number) 23. N. Caldwell Ave
5. Full Name of Mother, Maggie Evans
6. Mother's Maiden Name, Maggie Leland
7. Mother's Birthplace, Dorchester County Md
8. Full Name of Father, John W. Evans
9. Father's Occupation Farmer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, S. Lashley, Md.

Address, 2240 Madison Ave

Remarks, Born 7 A.M.

8970002088

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 24 1847
4. *Place of Birth, (Street and Number)* 343 - Mallows st
5. *Full Name of Mother,* Wilhelmina Rossmann
6. *Mother's Maiden Name,* Wilhelmina Seippel
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis Rossmann
9. *Father's Occupation* cabinet - maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Heedrick M.D.

Address, 715 Wilkens Ave city

Remarks, Presentation L. i. a. ; labor normal

8 7 7 0 0 0 2 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) Third

1. Sex, (~~state whether~~ male ~~or female~~) Male — Lewis Burnett a.d. 8/27/20
2. Race or Color, (~~if not of the~~ white ~~race~~) White
3. Date of Birth, March 24th 1897
4. Place of Birth, (Street and Number) 705 Mosher St
5. Full Name of Mother, Emma B Kellum
6. Mother's Maiden Name, Emma B. Burnett
7. Mother's Birthplace, Baltimore city Md
8. Full Name of Father, William H. Kellum
9. Father's Occupation Flour + Feed Merchts
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles St

Remarks,

8970002090

been conferred, its sex, color, the full name and occupation of its parents, the time and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

No. of Child of Mother, 5/6

2. *Race or Color,* White 81538

3. *Date,* Mch 12/97

4. *Place of Birth,* Baltimore Md

5. *Full Name of Mother,* Carrie E. Kent

6. *Mother's Maiden Name,* Carrie E Busch

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Geo. M Kent

9. *Father's Occupation,* Foreman

10. *Father's Birthplace,* Niagara Falls Ny

Mrs. Dr. J. Shuckery

731 Cumberland St

18970002091

RETURN OF A BIRTH. 81539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male (girl)
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 16, 1897
4. *Place of Birth, (Street and Number)* 732 Little Second St.
5. *Full Name of Mother,* Fany Lohrn
6. *Mother's Maiden Name,* Fany Lohrn
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyman Lohrn
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fany Silverman

Address, 36 Abermarle st.

Remarks, Midwife.

8970002092

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 8/540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1897
4. Place of Birth, (Street and Number) No 1526 Byrd St
5. Full Name of Mother, Ella Gurley
6. Mother's Maiden Name, Ella Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Felon Gurley
9. Father's Occupation Cigar maker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Catharine Horning

Address, No 1517 Byrd St

Remarks, Full name of child - Howard Leroy Gurley

8970002093

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 81541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. Child

1. Sex, (state whether male or female) Little Girl
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 21st March 1897
4. Place of Birth, (Street and Number) No. 2118 Frederick St
5. Full Name of Mother, Mrs Maria Schlich
6. Mother's Maiden Name, Miss " Reichert
7. Mother's Birthplace, Bayer Germany
8. Full Name of Father, Mr Henry Schlich
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Bayer Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, 2008 Mc Henry st

Remarks,

8970002094

Wm. J. C. Dulany Co,. City Printers and Stationers.

each Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ch,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st, 1897
4. Place of Birth, (Street and Number) 1120 Thames St,
5. Full Name of Mother, Eva B. Eisenberg
6. Mother's Maiden Name, Eva B. Perelman.
7. Mother's Birthplace, Russ Polland.
8. Full Name of Father, David Eisenberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russ Polland.

Name of Medical Attendant, or other person who makes this Return, Fanie Silberman

Address, 36 Albemarle St Balto, Md.

Remarks,

8970002095

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 21 1897
4. *Place of Birth, (Street and Number)* 15 year old Alley
5. *Full Name of Mother,* Mrs Clair Lambert
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* pittsburgh
8. *Full Name of Father,* Clarence L
9. *Father's Occupation* real estate agent
10. *Father's Birthplace,* Middletown
    Name of Medical Attendant, or other person who makes this Return, Dr Lee Blair
    Address, 1 Culver St
    Remarks,

8970002096

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 23rd 1897.

4. *Place of Birth, (Street and Number)* 23 Fork. Ave. Extended

5. *Full Name of Mother,* Ella. Loud Ott

6. *Mother's Maiden Name,* Loud Scheyfish

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* John Ott

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Blair Bird M.D.

Address, 2025 W. Baltimore.

Remarks,

8 9 7 0 0 0 2 0 9 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 81545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 23. 1897.
4. Place of Birth, (Street and Number) 1846. McHenry. Baltimore MD
5. Full Name of Mother, Mary christina Holder.
6. Mother's Maiden Name, Mary christina Koehler.
7. Mother's Birthplace, Baltimore. MD.
8. Full Name of Father, henry. Holder.
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Baiern. Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, West. Pratt st. 1631.

Remarks, West. Pratt st. Baltimore MD.

1897 0002098

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 81546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25th
4. *Place of Birth, (Street and Number)*	114 E Hill St
5. *Full Name of Mother,*	Ella McCormick
6. *Mother's Maiden Name,*	Ella Brandon
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael McCormick
9. *Father's Occupation*	Brick Layer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	H. V. Mylander
Address,	728 Light St
Remarks,	Child died two minutes after birth due to prolonged labor

8 7 10 0 0 2 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 81547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 20. March.
4. Place of Birth, (Street and Number) 1825. Fayette Street.
5. Full Name of Mother, Barbara Draugh.
6. Mother's Maiden Name, Barbara Trabert.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Thomas Draugh.
9. Father's Occupation Pattern Maker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Talbot.

Address, 1825 Fayette Street.

Remarks,

8970002100

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as full as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1894

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March - 3rd - 23

4. *Place of Birth, (Street and Number)* Elmore st - no - 2645

5. *Full Name of Mother,* Lottie Gaston

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* E S E Courtland VA

8. *Full Name of Father,* Lepan Sidney

9. *Father's Occupation* Brick mason

10. *Father's Birthplace,* Edenton North Carolina

Name of Medical Attendant, or other person who makes this Return, Mark Boyd MD

Address, 526 Little Gidda st

Remarks,

8 9 7 0 0 0 2 1 0 1

Wm. J. C. Dulany Co., City Printers and Stationers

The date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	2nd March 97
4. *Place of Birth, (Street and Number)*	690 Mulberry St
5. *Full Name of Mother,*	Annie Reid
6. *Mother's Maiden Name,*	Annie Credit
7. *Mother's Birthplace,*	Balt. City
8. *Full Name of Father,*	C. P. Reid
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	D. O. Credit
Address,	1120 N. Pine St
Remarks,	

8970002102

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 March 1895.
4. Place of Birth, (Street and Number) 221. N. Castle St.
5. Full Name of Mother, Johanna Brosowske
6. Mother's Maiden Name, Johanna Brosowske
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Brosowske
9. Father's Occupation Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hill

Address, 207 N. Castle St.

Remarks, 6 Month Child Wgt One and half Lbs

8970002103

Wm. J. C. Dulany Co., City Printers and Stationers.

Name of child to be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of t... shall occur without the attendance of a physician o... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Hea... any such person or persons who shall hereafter fa... jected to the fine of ten (10) dollars for each offence, ... by the practitioner in the form of a certificate between the first and ... ce of the Commissioner of Health. In case the birth of any child ... sician or practitioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... after fail to comply with the provisions of this section shall be sub- ... ffence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 81551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March. 25. 1897
4. Place of Birth, (Street and Number) 1002 River Side avenue
5. Full Name of Mother, Catharine Holland
6. Mother's Maiden Name, Cathrine Reeder
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Henry W. Holland
9. Father's Occupation, Tiner
10. Father's Birthplace, Baltimore, md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. anderson

Address, 1434. Patapsco. St

Remarks,

8 9 7 0 0 0 2 1 0 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/3552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25th 1897
4. *Place of Birth, (Street and Number)*	38 N. Eden
5. *Full Name of Mother,*	Virginia W Hopson
6. *Mother's Maiden Name,*	Shipp
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	Samuel B Hopson
9. *Father's Occupation*	Cigar Manufacturer
10. *Father's Birthplace,*	Baltimore Maryland
Name of Medical Attendant, or other person who makes this Return,	J Ridgway Andre M.D.
Address,	1123 E Balto st
Remarks,	

8970002105

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any sh
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of
child to report its birth to the Commissioner of Health, in the manner and within the period above required.
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

RETURN OF A BIRTH. 12001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1897
4. *Place of Birth, (Street and Number)* 1436 Decatur st.
5. *Full Name of Mother,* Lizzie L. Fuller
6. *Mother's Maiden Name,* O'Neill
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thos F. Fuller
9. *Father's Occupation* Bag Business
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, Rose P.G. O'L... S. or other person makes this Re

Address,

Remarks, 8 9 7 0 0 0 2 1 0 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

...k schedule, to be furnished by the Commissioner ...
...which have occurred under his or her care during ...
...tained the full name of each child, (if any shall ...
...n of its parents, the date and place of birth; and ...
...ioner in the form of a certificate between the first ...
...said schedule shall be delivered, duly signed by the practitioner i...
...third day of each and every month to the office of the Commiss...
...shall occur without the attendance of a physician or practioner ...
...attendance upon the mother, immediately thereafter it shall bec...
...child to report its birth to the Commissioner of Health, in the ma...
...any such person or persons who shall hereafter fail to comply wi...
...jected to the fine of ten (10) dollars for each offence, to be recover...

RETURN OF

82010

To the Office of Registrar of Vital Statis

No. of Child of Mother, (state whether 1st, 2d, 3d, ...

1. *Sex, (state whether male or female)* Mal...
2. *Race or Color, (if not of the white race)* ...
3. *Date of Birth,* March ...
4. *Place of Birth, (Street and Number)* 412 ...
5. *Full Name of Mother,* Mary Ne...
6. *Mother's Maiden Name,* Mary ...
7. *Mother's Birthplace,* Baltimo...
8. *Full Name of Father,* NEAL, Samuel Ne...
9. *Father's Occupation* Baker,
10. *Father's Birthplace,* Baltimo...

Name of Medical Attendant, or other person who makes this Return, E...

Address, 414 ...

Remarks, 89/000 107

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 3rd, 1897
4. *Place of Birth (Street and Number),*	410 Hoffman Street, West
5. *Full Name of Mother,*	Maria Morton
6. *Mother's Maiden Name,*	Maria Morton
7. *Mother's Birthplace,*	Roscommon, Ireland
8. *Full Name of Father,*	William Evans
9. *Father's Occupation,*	Marble Polisher
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	M. Magdalene Warner M.D.
Address,	410 Hoffman Street, West
Remarks,	

1897 00021108

The Baltimore Publishing Co., City Printers and Stationers

1230.]

GIVEN NAME ADDED 9-16-58

RETURN OF A BIRTH. 82012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Cordelia Bangs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 9th 1897
4. Place of Birth, (Street and Number) 315 E. Fort Ave.
5. Full Name of Mother, Maggie Bangs
6. Mother's Maiden Name, Erickson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry F. Bangs
9. Father's Occupation Carpet
10. Father's Birthplace, Wilmington Del.

Name of Medical Attendant, or other person who makes this Return, Robt. P. Dennis M.D.

Address, 158 Riverside Ave.

Remarks, 1897000210 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1200.]

RETURN OF A BIRTH. 82013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the facts of the case which have occurred under his or her care during the said month can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifteenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 8th 1897
4. *Place of Birth, (Street and Number)* 1464 William pl.
5. *Full Name of Mother,* Lizzie Mc Adams
6. *Mother's Maiden Name,* " Cullen
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Philip Mc Adams
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Rob't P. Schild M.D.

Address, 1458 Riviera Ave.

Remarks,

1 8 9 7 0 0 0 2 1 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 83014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 10th, 1897
4. *Place of Birth (Street and Number),*	410 Hoffman St. West,
5. *Full Name of Mother,*	Clyde Brooks
6. *Mother's Maiden Name,*	Clyde Brooks
7. *Mother's Birthplace,*	Grifton N. Carolina
8. *Full Name of Father,*	John Mc Cotter
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Pitt County, N. C.
Name of Medical Attendant, or other person who makes this Return.	M. Magdalene Warner M.D.
Address,	410 Hoffman Street West.
Remarks,	

8 9 7 0 0 0 2 1 1 1

The Baltimore Publishing Co., City Printers and Stationers

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 12th 1897.
4. *Place of Birth, (Street and Number)* 1024 N Stricker St.
5. *Full Name of Mother,* Grace M. Bell.
6. *Mother's Maiden Name,* Grace M. Tuttle.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Howard R Bell.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John A Pennington M.D.

Address, 1716 Linden Ave.

Remarks,

1 8 9 7 0 0 0 2 1 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...be ascertained the full name of each child, (if any shall have ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82016

GIVEN NAME ADDED 3-28-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elisabeth Morley Fluharty 4th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 20th 1897.
4. *Place of Birth, (Street and Number)* 111 N Carrollton Ave.
5. *Full Name of Mother,* Florence May Fluharty
6. *Mother's Maiden Name,* Florence May Mathews
7. *Mother's Birthplace,* Iowa
8. *Full Name of Father,* Thomas E Fluharty.
9. *Father's Occupation* Lithographer.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John J Pennington M.D.

Address, 1716 Linden Ave.

Remarks,

18970002113

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 83407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether ~~male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 1897
4. Place of Birth, (Street and Number) No 1608 Thames St
5. Full Name of Mother, Abolonia Apitofska
6. Mother's Maiden Name, " Koleuska
7. Mother's Birthplace, Germany
8. Full Name of Father, Stephan Apitofska
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maria Bayer

Address, 721 S. Ann Street

Remarks,

1897000211 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 April
4. *Place of Birth, (Street and Number)* 716 N Eden St
5. *Full Name of Mother,* Emma Lang
6. *Mother's Maiden Name,* Emma James
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John James
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellis

Address,

Remarks,

8970002115

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82019

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1th 1897
4. Place of Birth, (Street and Number) 104 W Ostend St
5. Full Name of Mother, Annie Frank Kuhnle
6. Mother's Maiden Name, annie Mcarthy
7. Mother's Birthplace, Westport Allegany Co
8. Full Name of Father, Joseph Kuhle
9. Father's Occupation Foreman B & O R.R.
10. Father's Birthplace, Westport Allegany Co

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Daisy Mae

8970002116

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1th 1897
4. Place of Birth, (Street and Number) 123 E Ostend St
5. Full Name of Mother, Agnes Snyder
6. Mother's Maiden Name, Agnes Thurman
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Snyder
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Twins Wells

8 9 7 0 0 0 2 1 1 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

Form 1236.]

RETURN OF A BIRTH. 82021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th,
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1501 E. Fairmount St.
4. *Place of Birth, (Street and Number)*	April 1st, 1897
5. *Full Name of Mother,*	Mary Dempsey
6. *Mother's Maiden Name,*	Mary Fay.
7. *Mother's Birthplace,*	Elizabeth N. J.
8. *Full Name of Father,*	Thomas F. Dempsey.
9. *Father's Occupation*	Police Officer of Balto. Md.
10. *Father's Birthplace,*	Harford Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	18970002118

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 82122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th April 1897
4. *Place of Birth, (Street and Number)* 1233 Patapsco st
5. *Full Name of Mother,* Rosie Hanenschlager
6. *Mother's Maiden Name,* Rosie Wendelberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Francis Hanenschlager
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dairy Well

8970002119

month, and shall set forth as far as the same can be ascertained the same as to the child to be born, and shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 1st 1897
4. *Place of Birth, (Street and Number)*	1012 Montgomery St
5. *Full Name of Mother,*	Vina Wilson
6. *Mother's Maiden Name,*	" " Wilson
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	Jno. Hannon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Emma Hughes
Address,	65 2 Cider Alley
Remarks,	

1897000212 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8 5124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* April 10th 97
4. *Place of Birth, (Street and Number)* 210 E 24th & Washington Ave
5. *Full Name of Mother,* Annie Ellick
6. *Mother's Maiden Name,* Bergenruder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No. 1907 E Monument St

Remarks,

1 8 9 7 U 0 0 2 1 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[1255.]

RETURN OF A BIRTH. 82125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1.
4. *Place of Birth, (Street and Number)* 606 S. Patterson Park Ave
5. *Full Name of Mother,* Dora Schultz
6. *Mother's Maiden Name,* Dora Holste
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Schultz
9. *Father's Occupation* Lafarisa
10. *Father's Birthplace,* Denmark

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Smith

Address, 611 S. Patterson Pk. Ave Balto Md

Remarks, 8970002122

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred; its sex, color, the full name of each child, (if any shall have
said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th April 1897
4. *Place of Birth, (Street and Number)* No 1329 Aisquith St. L. P.
5. *Full Name of Mother,* Bertha Amy Grün
6. *Mother's Maiden Name,* " " Meyer
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* William Grün
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffle

Address, No 1708 E. East Ave. L. P.

Remarks,

8970002123

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 25th 1897
4. *Place of Birth, (Street and Number)*	541 Mc-Mechin st
5. *Full Name of Mother,*	Emma Sophia Mason
6. *Mother's Maiden Name,*	" Burgess
7. *Mother's Birthplace,*	Balto - Md -
8. *Full Name of Father,*	Chas E. Mason
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace,*	Balto - Md -
Name of Medical Attendant, or other person who makes this Return,	Mrs - Mary Fossett
Address,	#534 Dolphin Street
Remarks,	1897 0002124

Wm. J. C. Dulany Co., City Printers and Stationers.

...months which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1336]

RETURN OF A BIRTH. 82128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Twins Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 2 — 1897
4. Place of Birth, (Street and Number) 1303 Gough St.
5. Full Name of Mother, Mary Sewel
6. Mother's Maiden Name, Yaeger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George D. Sewel
9. Father's Occupation Tanner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1897000.2125

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2/97
4. *Place of Birth, (Street and Number)* 1626 Thames Str.
5. *Full Name of Mother,* Katie Višnovsky
6. *Mother's Maiden Name,* Banzrodak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Višnovsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, S. Bond Str. 838

Remarks, Balto. Md.

8970002126 City

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd & 3rd (Twins)
1. *Sex, (state whether male or female)*	Males,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2, 11 P.M. Apr. 3 1.30 A.M.
4. *Place of Birth, (Street and Number)*	1635 Pressbury st.
5. *Full Name of Mother,*	Martha Engel
6. *Mother's Maiden Name,*	" Keith
7. *Mother's Birthplace,*	Ellicot City.
8. *Full Name of Father,*	Charles Engel
9. *Father's Occupation*	Telegraph Lineman,
10. *Father's Birthplace,*	Harford Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Charles H Bubert Jr
Address,	1728 Pennsylvania Ave
Remarks,	

8 9 7 0 0 0 2 1 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-20-59

RETURN OF A BIRTH. 82131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Luther Raymond ~~Rhine~~ Rhine 2nd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2 1897.
4. *Place of Birth, (Street and Number)* Full name of mother Rosa Rhine
5. ~~*Full Name of* Mother's~~ Maiden name, Rosa Schrack.
6. ~~*Mother's Maiden Name,*~~ Place of Birth, Hanford Ave & Lake Ave.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Luther P. Rhine
9. *Father's Occupation* Wagon Driver.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Charles H Burbert M.D.

Address, 1928 Pennsa. Ave.

Remarks,

8970002128

Wm. J. C. Dulany Co., City Printers and Stationers.

the same on blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same in the proper place, shall keep a true and correct
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2/97
4. *Place of Birth, (Street and Number)* 917 William st.
5. *Full Name of Mother,* Emma Wright
6. *Mother's Maiden Name,* " Jacobs
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Samuel Wright
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. E. Ellis M. D.

Address, ~~733~~ 733 W Fayette st

Remarks, City.

1 8 9 7 0 0 0 2 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

... register of such births, and shall contain a list of the births which have occurred under his or her care during the ... Health. This schedule shall contain a full name of each child, (if any shall have ... month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of the first and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

35.]

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd April 1897
4. *Place of Birth, (Street and Number)* 606 N. Bradford St Rear
5. *Full Name of Mother,* Amelia Welch
6. *Mother's Maiden Name,* Amelia Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry Welch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 1411 N. Patterson Pk Ave. Rear

Remarks,

1897 0002130

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2d. 1897
4. *Place of Birth, (Street and Number)*	Baltimore 350 S. Bond St.
5. *Full Name of Mother,*	Dora Abrams.
6. *Mother's Maiden Name,*	Dora Cohn.
7. *Mother's Birthplace,*	Russia.
8. *Full Name of Father,*	Simon Abrams.
9. *Father's Occupation,*	Merchant-tailor.
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return.	Fanny Silverman.
Address,	36 Aisquith St.
Remarks,	Midwife.

8970002131

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 82035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2th 1897
4. Place of Birth, (Street and Number) 2118 S Charles St
5. Full Name of Mother, Ellie Inaglinn
6. Mother's Maiden Name, Ellie Barrett
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Michael Inaglinn
9. Father's Occupation Tiner
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A Brooks

Address, 1828 Light St

Remarks, Doing Well

8970002132

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-18-57

RETURN OF A BIRTH. 82036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cora Elizabeth ~~The~~ Arthur

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th April 1897
4. Place of Birth, (Street and Number) No 1742 Decatur St. E. D.
5. Full Name of Mother, Cora McArthur
6. Mother's Maiden Name, " Yeardsall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert McArthur
9. Father's Occupation Shipbuilder
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Miss Lizzie Schaeffer

Address, No 1208 E. Fayette St E. D.

Remarks,

8970002133

Wm. C. Dulany Co., City Printers and Stationers.

Every person in charge of any institution, public or private, and every physician, midwife or other person in attendance upon any birth, shall, within the period above required, make a return of such birth to the Commissioner of Health, in the manner and form above prescribed, and the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd 97
4. *Place of Birth, (Street and Number)* 1407 W. Lafayette ave.
5. *Full Name of Mother,* Emma C. Jurgens
6. *Mother's Maiden Name,* Emma C. Fiber
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Henry A. Jurgens
9. *Father's Occupation* Clothing Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henry C. Pile. Jnr.

Address, 1703 W. Fayette st.

Remarks,

| 8 9 7 U 0 0 2 1 3 4

Wm. J. C. Dulany Co., City Printers and Stationers

RM 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full nature and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2, 1897.
4. *Place of Birth, (Street and Number)* Res. 1930 Union ave.
5. *Full Name of Mother,* Bertha Livingston
6. *Mother's Maiden Name,* Bertha Robb.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Wm. E. Livingston
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1741 Hanford ave

Remarks,

8970002135

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3rd '97
4. *Place of Birth, (Street and Number)*	Eutaw House (Cor Eutaw & Baltimore St)
5. *Full Name of Mother,*	Mrs Sylvanus H Stokes
6. *Mother's Maiden Name,*	Minnie Geese
7. *Mother's Birthplace,*	Richmond, Virginia.
8. *Full Name of Father,*	Sylvanus H Stokes
9. *Father's Occupation*	Hotel Keeper -
10. *Father's Birthplace,*	Richmond, Virginia.
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W. Monument St.
Remarks,	

1897 0002136

Wm. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3
4. *Place of Birth, (Street and Number)* 1716 Lancaster Sts.
5. *Full Name of Mother,* Bertha Vessel
6. *Mother's Maiden Name,* Radky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Augustine Vessel
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 828 S. Baud St.

Remarks, Balto. Md. City.

8970002137

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 82041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3th 1897
4. *Place of Birth, (Street and Number)* 424 E Hart ave
5. *Full Name of Mother,* Lizzie Seals
6. *Mother's Maiden Name,* Lizzie Jarrett
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William H Seals
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Living Well

8 9 7 0 0 0 2 1 3 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 3.
4. *Place of Birth, (Street and Number)* 12 12 Lime St
5. *Full Name of Mother,* Annie Elizabeth Virginia Greene
6. *Mother's Maiden Name,* Annie Elizabeth Virginia Greene
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Edwin Mason.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 823 Exeter St.

Remarks, Birth Mark across the upper ~~Hip~~ Lip Fine.

8970002139

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1336.]

RETURN OF A BIRTH. 82043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Maile
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3th April 1897
4. Place of Birth, (Street and Number) 228 E Barney St
5. Full Name of Mother, Hattie a Rickards
6. Mother's Maiden Name, Hattie a Hargett
7. Mother's Birthplace, Fredrick Co Md
8. Full Name of Father, George On Rickards
9. Father's Occupation Engineer Bro
10. Father's Birthplace, Fredrick Co Md

Name of Medical Attendant, or other person who makes this Return, Ea Brooks

Address, 1828 Light St

Remarks, Doing Well

1897 0002140

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[FORM 1336.]

RETURN OF A BIRTH. § 2144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 April 1897
4. Place of Birth, (Street and Number) 128 E Gittings St
5. Full Name of Mother, Mary E Liger
6. Mother's Maiden Name, Mary E Kimley
7. Mother's Birthplace, Virginia
8. Full Name of Father, William V Lyger
9. Father's Occupation Miler
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Living Well

8970002141

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 1913
4. Place of Birth, (Street and Number) 2 Mitchell st 638
5. Full Name of Mother, Margaret Brown
6. Mother's Maiden Name, Margaret Jones
7. Mother's Birthplace, West Virginia
8. Full Name of Father, Virginia Brown
9. Father's Occupation Hard worker
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Jennie Jones Sargeant

Address, 1004 Hollyer st

Remarks,

8970002142

Wm. J. C. Dulany Co., City Printers and Stationers.

...ed to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or midwife in attendance upon the mother, or by the father or mother of the child, or by the householder in whose house the birth occurred, or by the nurse having charge of the mother during her confinement, or by the undertaker in case he has been employed before the return is required to be made, or by the person having charge of the child, if born elsewhere than in a house, within ten (10) days after the birth, and shall state as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st,*~~ 2d, ~~*3d, &c.*~~) 2 cd.

1. *Sex,* (~~*state whether*~~ male ~~*or female*~~) Male
2. *Race* ~~*or Color, (if not of the*~~ white ~~*race*~~) White
3. *Date of Birth,* April 3rd 1897
4. *Place of Birth,* (Street and Number) 413. E. Madison St
5. *Full Name of Mother,* Clara Mc Nally
6. *Mother's Maiden Name,* Clara Healy
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Felix A Mc Nally
9. *Father's Occupation* ~~Bath~~ Keeper (Bkpr)
10. *Father's Birthplace,* Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles St

Remarks,

8970002143

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 82047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 April 1897
4. *Place of Birth, (Street and Number)* 27 E Randall
5. *Full Name of Mother,* Lillian Jacobs
6. *Mother's Maiden Name,* Lillian Burns
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James Jacobs
9. *Father's Occupation* Bricke Makes
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1898 Light St

Remarks, Dairy Mill

1897000214 4

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1897
4. *Place of Birth, (Street and Number)* 1249 William St
5. *Full Name of Mother,* Ida Hammond
6. *Mother's Maiden Name,* Ida Snyder
7. *Mother's Birthplace,* Fredricke Co Md
8. *Full Name of Father,* Thomas Hammond
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Fredrick

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Doing Well

8 9 7 0 0 0 2 1 4 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Collard
3. *Date of Birth,*	April 4th 1897
4. *Place of Birth, (Street and Number)*	Baltimore 1131 Division
5. *Full Name of Mother,*	Rosana Jones
6. *Mother's Maiden Name,*	Rosana Ford
7. *Mother's Birthplace,*	St Mary's County Md.
8. *Full Name of Father,*	Benjamin Franklin Jones
9. *Father's Occupation*	Cookman
10. *Father's Birthplace,*	St Mary County Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann Jones
Address,	534 Le Gelfus St.
Remarks,	

8 9 7 0 0 0 2 1 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6/21/94

RETURN OF A BIRTH. 82057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joseph Sebastian Di ~~Paula~~ Paula Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White (Italian)
3. Date of Birth, Sunday April 4th 97 2.00 AM.
4. Place of Birth, (Street and Number) 403 Forrest St
5. Full Name of Mother, Mary DiPaulo
6. Mother's Maiden Name, Mary Giordano
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincenzo DiPaulo
9. Father's Occupation Restaurant Keeper
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, A. M. Nolan M.D.

Address, 112. W Mulberry St Baltimore Md

Remarks, Filed 1897

18970002147

register of such birth, and shall enter the same therein. The Registrar shall furnish to each physician, midwife or other person who may be required to report births, the blank forms necessary for making such returns, and shall furnish, on application, certified copies of the births which have occurred under his or her care during the month, and shall contain a list of the births which have been reported to him or her during said month, or a statement that no births have been reported. Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 83051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 5. April
4. *Place of Birth, (Street and Number)* 403. Chapel. Street.
5. *Full Name of Mother,* Anna Koenig
6. *Mother's Maiden Name,* Anna Frank.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Engelhard Koenig.
9. *Father's Occupation* Copper.
10. *Father's Birthplace,* Washington.

Name of Medical Attendant, or other person who makes this Return, Mary Klass.

Address, N-7. Nord. Wolfe. Str.

Remarks,

8970002148

Wm. J. C. Dulany Co,. City Printers and Stationers.

Monthly, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th April '97
4. *Place of Birth, (Street and Number)* Baltimore Pikesville St 1125
5. *Full Name of Mother,* Irene Blanke
6. *Mother's Maiden Name,* Irene Hart
7. *Mother's Birthplace,* Lancaster Pa.
8. *Full Name of Father,* James E. Blanke
9. *Father's Occupation* Baker Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Kate Cross.

Address, 610 N Saratoga St.

Remarks,

8 9 7 0 0 0 2 1 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 5th 1897
4. *Place of Birth, (Street and Number)*	1134 Vincent st City
5. *Full Name of Mother,*	Annie Hall
6. *Mother's Maiden Name,*	Annie Homes
7. *Mother's Birthplace,*	A. A. County
8. *Full Name of Father,*	Alton Hall
9. *Father's Occupation*	Laboring
10. *Father's Birthplace,*	A. A. County
Name of Medical Attendant, or other person who makes this Return,	Jane Warren
Address,	1424 Bruce Street
Remarks,	

18970002150

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

ORM 1236]

RETURN OF A BIRTH. 82054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Col
3. Date of Birth, April 5 1897
4. Place of Birth, (Street and Number) 826 Mosher al
5. Full Name of Mother, Mary Eliz. Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Ala.
8. Full Name of Father, Illegit.
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. H. Flournoy M.D.

Address, 1142 N. McKeever St.

Remarks,

8 9 7 U 0 0 2 1 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 82055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 5th 1897
4. Place of Birth, (Street and Number) Mapleard St extended
5. Full Name of Mother, Mary Steinacker
6. Mother's Maiden Name, Mary Keller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Steinacker
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Fredrick Ave ames

Remarks,

8 9 7 0 0 0 2 1 5 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82057

CERTIFICATE CORRECTED 8-21-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Isabella Myrtle Guethlein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Apr 5 1897
4. *Place of Birth, (Street and Number)* 1621 Patterson Pk Ave.
5. *Full Name of Mother,* Isabelle Eva Gothine Guethlein
6. *Mother's Maiden Name,* " " Yeger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno. Sylvester Gothine Guethlein
9. *Father's Occupation* Horseman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm T. Watson

Address, 1601 N Broadway

Remarks,

8 4 7 U 0 0 2 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5
4. *Place of Birth, (Street and Number)* 506 S. Bond Ste.
5. *Full Name of Mother,* Mary Salkowsky
6. *Mother's Maiden Name,* Andrejowsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father* Augustine Salkowsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Breth

Address, 838 S. Bond Ste. Balto. Md.

Remarks, City

8 4 7 0 0 0 2 1 5 4

been conferred) its sex, color, the full name of each child, (if any shall have ... the same can be ascertained ... its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 5 1897
4. Place of Birth, (Street and Number) Baltimore, 38 Albemarle St
5. Full Name of Mother, Lena Hoffman.
6. Mother's Maiden Name, Lena Gores.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Max Hoffman.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Fanny Silverman.

Address, 96 Albemarle St.

Remarks, Midwife.

8970002155

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 821159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6/97
4. Place of Birth, (Street and Number) 514 S. Sharp St
5. Full Name of Mother, Mary Louise Diskin
6. Mother's Maiden Name, Mary Louise Laurent
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas J. Diskin
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. Muchany M.D.

Address, 411 S. Sharp st

Remarks,

8 7 7 0 0 0 2 1 5 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6/97
4. *Place of Birth, (Street and Number)* 406 S. Stiles
5. *Full Name of Mother,* Elizabeth Jane Carlyle
6. *Mother's Maiden Name,* Elizabeth Jane Beecher
7. *Mother's Birthplace,* Pittsburg Pa
8. *Full Name of Father,* William Albert Carlyle
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E. Mitchener, M.D.

Address, 411 S. Sharp St

Remarks,

8970002157

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained under his or her care during the ...as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of its parents, the date and place of a certificate between the first and third day of each and every month to the office of the Commissioner in the form of a certificate. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 1 - 72
4. Place of Birth, (Street and Number) Richardson St. 224
5. Full Name of Mother, Jessie C Maxwell
6. Mother's Maiden Name, Mc Gregor
7. Mother's Birthplace, Glasgow Scotland
8. Full Name of Father, Robert Maxwell
9. Father's Occupation Boilermaker
10. Father's Birthplace, Glasgow Scotland

Name of Medical Attendant, or other person who makes this Return, Johanna Jeschke

Address, Garrett Line 1869

Remarks,

8970002158

Said Certificate of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 82062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th April 1897
4. *Place of Birth, (Street and Number)* 1317 Eight St
5. *Full Name of Mother,* Mary Somers
6. *Mother's Maiden Name,* Mary Eade
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Robert Somers
9. *Father's Occupation* Diver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1823 Eight St

Remarks, Dang Well

18970002159

month, and shall set forth as far as the same can be ascertained by the Commissioner of ... which have occurred under his or her care during the ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered duly signed by the practitioner ... third day of each and every month to the office of the Commis... shall occur without the attendance of a physician or practioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ma... any such person or persons who shall hereafter fail to comply wi... jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore April 6, 1897.
4. *Place of Birth, (Street and Number)*	135 W. Lee Street Balto.
5. *Full Name of Mother,*	Sarah Friedman
6. *Mother's Maiden Name,*	Sarah Silberth
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Philipf Friedman
9. *Father's Occupation,*	Pants Maker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barker
Address,	102 N. High Street Balto.
Remarks,	8970002160

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 6. 1897.
4. Place of Birth, (Street and Number) Morris alley. s-36. Baltimore, MD
5. Full Name of Mother, X
6. Mother's Maiden Name, Emma Hardy
7. Mother's Birthplace, Baltimore MD.
8. Full Name of Father, Eliz Booze
9. Father's Occupation, Laboring man
10. Father's Birthplace, Baltimore MD.

Name of Medical Attendant, or other person who makes this Return, X

Address, Mary Burns 555 Oxford st Baltimore MD

Remarks, 8 9 7 U 0 0 2 1 6 1

month and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 82,065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Thomas le Roale

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 6th April 1897

4. *Place of Birth, (Street and Number)* 1521 William st

5. *Full Name of Mother,* Jennie Sadler

6. *Mother's Maiden Name,* Jennie Heidelrand

7. *Mother's Birthplace,* Frederick Co Md

8. *Full Name of Father,* George Lee Sadler

9. *Father's Occupation* Boiler Maker

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E & L Brookes

Address, 1828 E Light St

Remarks, Doing Well

8970002162

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the
been conferred; its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with t
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 -
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W -
3. *Date of Birth,*	apl 7 '97
4. *Place of Birth, (Street and Number)*	1244 N. Gay
5. *Full Name of Mother,*	Sarah F. Shanahan
6. *Mother's Maiden Name,*	" " Seymour
7. *Mother's Birthplace,*	md
8. *Full Name of Father,*	Saml Kelly Shanahan
9. *Father's Occupation*	conductor
10. *Father's Birthplace,*	md.
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1609 Broadway
Remarks,	

8970002163

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 82067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7-97
4. *Place of Birth, (Street and Number)*	2027 E Lombard st
5. *Full Name of Mother,*	Mrs Maggie Schaeffer
6. *Mother's Maiden Name,*	Maggie Schroeder
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Michael Schaeffer
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address,	1308 N Charles st

Remarks, Babe has been at 5½ months of utero-gestation and was Non-viable. Lived 33 hours. Died due to accidental shock & Cerebro Spinal Hemorrhage

Form No. 1 Co. City Printing and Stationery

Ascertain the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 April
4. *Place of Birth, (Street and Number)* 1253 Edmondson St
5. *Full Name of Mother,* Lena Jorgenheim
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* George Jorgenheim
9. *Father's Occupation* Cake Baker
10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Miller

Address, 1302 E Lexington St

Remarks,

8970002165

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 82169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 7 — 1897
4. Place of Birth, (Street and Number) 1501 E. Pratt St.
5. Full Name of Mother, Anna Gill
6. Mother's Maiden Name, Sander
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Gill
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970002166

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 83070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7th 1897
4. *Place of Birth, (Street and Number)*	Catonsville
5. *Full Name of Mother,*	Lizzie Natalie
6. *Mother's Maiden Name,*	Lizzie Fiest
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Schaefer
9. *Father's Occupation*	Glassblower
10. *Father's Birthplace,*	Catonsville
Name of Medical Attendant, or other person who makes this Return,	Mrs A Messmer
Address,	524 Wilson St
Remarks,	

8 4 7 0 0 0 2 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) 2.

1. *Sex, (state whether ~~male or~~ female)* female
2. *Race or Color, (~~if not of the white~~ race)* colored
3. *Date of Birth,* April 7th 1897 - 18 minuts past 10 P.M
4. *Place of Birth, (Street and Number)* 1165 Watson Street -
5. *Full Name of Mother,* Mamie. Wilson
6. *Mother's Maiden Name,* - - - - Gillage
7. *Mother's Birthplace,* Baltimore city Md
8. *Full Name of Father,* Charles Wilson
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore city Md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos - Cooper

Address, 920 Shuter Street -

Remarks, Mother and Daughter well

Balto City

1897 0 0 2168

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Leonard Wirtz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 April
4. Place of Birth, (Street and Number) Wall st 602
5. Full Name of Mother, Pauline Wirtz
6. Mother's Maiden Name, Pauline Kruttop
7. Mother's Birthplace, Germany
8. Full Name of Father, Franz Wirtz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lohrmann

Address, 1820 Caxton Ave

Remarks,

18970002169

Wm. J. C. Dulany Co., City Printers and Stationers

[1236]

RETURN OF A BIRTH. 82073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 7 — 1897
4. Place of Birth, (Street and Number) 1003 Eastern Ave.
5. Full Name of Mother, Mary Hutzler
6. Mother's Maiden Name, Valentin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Hutzler
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1129 E. Pratt St.

Remarks,

8970002170

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each child born alive in this city, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-28-56

RETURN OF A BIRTH. 82074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleanor Marie 2nd Pitcher

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 8 37
4. *Place of Birth, (Street and Number)* 2430 Druid Hill Ave
5. *Full Name of Mother,* Caroline Annie Pitcher
6. *Mother's Maiden Name,* Caroline Annie Bayeswater
7. *Mother's Birthplace,* London England
8. *Full Name of Father,* Henry Thomas Pitcher
9. *Father's Occupation* Traveller -
10. *Father's Birthplace,* England -

Name of Medical Attendant, or other person who makes this Return, D. F. Nelson

Address, 2316 Druid Hill Ave

Remarks,

8470002171

Wm. J. C. Dulany Co., City Printers and Stationers

Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 8375

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Apr. 8. 97
4. *Place of Birth, (Street and Number)* 607 N. Fremont Av.
5. *Full Name of Mother* Mary Long
6. *Mother's Maiden Name* Mary Moore
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Edward K. Long
9. *Father's Occupation* Clk
10. *Father's Birthplace* Kuyer W.Va.

Name of Medical Attendant, or other Person who makes this Return. J.A. Tichtig

Address 951 Mad. Av.

Remarks

8 4 7 0 0 0 2 1 7 2

Every Physician, Midwife, or other person who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RM 1236]

RETURN OF A BIRTH. 82076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8, 1897
4. *Place of Birth, (Street and Number)* 728 S. Charles Ste.
5. *Full Name of Mother,* Beckie Mawlsman
6. *Mother's Maiden Name,* Beckie Lozeries
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Frank Mawlsman
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinstein

Address, 123 W. Baare Str.

Remarks,

1897 0002173

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of the practitioner in the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balta. April 8, 1897.
4. *Place of Birth, (Street and Number)* 920 E. Pratt Street
5. *Full Name of Mother,* Baca Rosencavitch
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lewis Rosencavitch
9. *Father's Occupation,* Clock Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 102 N. High Street

Remarks,

8 9 7 0 0 0 2 1 7 4

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 April
4. *Place of Birth, (Street and Number)* 1407 Lows St
5. *Full Name of Mother,* Rachel Levin
6. *Mother's Maiden Name,* Levinsinger
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Levy
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Miller

Address, 502 E Lexington

Remarks,

8 4 7 0 0 0 2 1 7 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 8 April 1897

4. Place of Birth, (Street and Number) 1246 S Fremont Ave

5. Full Name of Mother, Rosie Graber

6. Mother's Maiden Name, Gold

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Henry Graber

9. Father's Occupation Painter

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Uhrig

Address, 303 S Longwood St

Remarks,

8970002175

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 82050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8th 97
4. *Place of Birth, (Street and Number)* 1521 E Fayette St
5. *Full Name of Mother,* Matilda H. Reis
6. *Mother's Maiden Name,* Matilda H. Sahm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John R Reis
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. Clyde Burns MD

Address, 1126 E Fayette St

Remarks,

8 4 7 0 0 0 2 1 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...the same can be ascertained the full name of each child, if any shall have ... name and occupation of its parents, the date and place of birth; and the ... signed by the practitioner in the form of a certificate between the first and ... to the office of the Commissioner of Health. In case the birth of any child ... of a physician or practitioner of midwifery, or should no other person be in ... diately thereafter it shall become the duty of the person or parents of such ... sioner of Health, in the manner and within the period above required, and ... all hereafter fail to comply with the provisions of this section shall be sub- ... each offense, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 82081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, April 8th 97.
4. Place of Birth, (Street and Number) 2243 Brunt St
5. Full Name of Mother, Nannie Carrington
6. Mother's Maiden Name, Nannie Carrington
7. Mother's Birthplace, Halifax Co Va
8. Full Name of Father, James Carrington
9. Father's Occupation Laborer
10. Father's Birthplace, Halifax Co Va.

Name of Medical Attendant, or other person who makes this Return, W F Miller

Address, 2126 Bolton Ave.

Remarks,

8970002178

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can
been conferred) its sex, color, the full name and o
said schedule shall be delivered, duly signed by the
third day of each and every month to the office
shall occur without the attendance of a physician
attendance upon the mother, immediately thereaf
child to report its birth to the Commissioner of He
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence
of the births which have occurred under his or her care during the
be can be ascertained the full name of each child, (if any shall have
and occupation of its parents, the date and place of birth, and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* April. 9th 1897.
4. *Place of Birth, (Street and Number)* Back Penn Maternity
5. *Full Name of Mother,* Harriet Paul
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* George Street
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return, Henry J. Huber M. D.

Address, Bay View Hosp.

Remarks (Premature Birth)

8970002179

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 82083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) ~~Colored~~ Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 9 — 1899
4. Place of Birth, (Street and Number) 1508 Bank St.
5. Full Name of Mother, Josephine Hogan
6. Mother's Maiden Name, Coalman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis X. Hogan
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 7 0 0 0 2 1 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 82184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 9-97
4. Place of Birth, (Street and Number) 741 Huntingdon
5. Full Name of Mother, Mary E. Rumsey
6. Mother's Maiden Name, Mary E. Bitzell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm. R. Rumsey
9. Father's Occupation Plain mason
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, J. Tyler Smith M.D.
Col Columbus Ave

Address,

Remarks,

8970002181

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Eberle Hauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday Apl 9th 1897. 10.45 P.m.

4. Place of Birth, (Street and Number) 1626. E. Lanvale St

5. Full Name of Mother, Mrs. Willie Hauer

6. Mother's Maiden Name, Willie Debbish Mary Deppish

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Henry Hauer

9. Father's Occupation Clerk - (Gas Office)

10. Father's Birthplace, Baltimore Old Bridge Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Mulberry

Address, 112. W. Mulberry St Balto Md

Remarks,

84700021182

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 10th 1897
4. *Place of Birth, (Street and Number)*	1310 Riggs Ave
5. *Full Name of Mother,*	Jenny Lenna Kelley
6. *Mother's Maiden Name,*	" Simpson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph D. Kelley
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore Co. Md
Name of Medical Attendant, or other person who makes this Return,	John Girdwood M.D.
Address,	2027 North Ave. W.
Remarks,	

8 9 7 0 0 0 2 1 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 82057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10. 1897
4. Place of Birth, (Street and Number) 128 E. Church st
5. Full Name of Mother, Charlotte Reed
6. Mother's Maiden Name, Wunder
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel Reed
9. Father's Occupation Workmann
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 E. Fort Ave

Remarks,

8970002184

Wm. J. C. Dulany Co,. City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl 10
4. Place of Birth, (Street and Number) 1519 W Lexington
5. Full Name of Mother, Marguent Zigut
6. Mother's Maiden Name, Marguerite Zigut
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Herbert McNamara
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Robert K Krieger

Address, 1001 W Lanvale St

Remarks,

8970002185

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 82089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1897
4. Place of Birth, (Street and Number) 2109. Hanover. St
5. Full Name of Mother, Mora. Young
6. Mother's Maiden Name, Mora Brewer
7. Mother's Birthplace, Snow hill. md
8. Full Name of Father, Jesse. A. Young
9. Father's Occupation Assistant. Sup. insurance. co
10. Father's Birthplace, Montgomery county. md

Name of Medical Attendant, or other person who makes this Return, Ellenora. a. anderson

Address, 1434. Patapsco. St

Remarks,

8 9 7 0 0 0 2 1 8 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336.]

GIVEN NAME ADDED- 11/15/17

RETURN OF A BIRTH. 82090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EMANUEL STEIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male ✓
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1897
4. Place of Birth, (Street and Number) #127 N. Front St.
5. Full Name of Mother, Rosa Stein
6. Mother's Maiden Name, Rosa Nepostonsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Michel Stein
9. Father's Occupation Clothing Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. W. Macdonald M.D.

Address, 1041 North Broadway.

Remarks,

8 9 7 0 0 0 2 1 8 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

...which have occurred under his or her care during the ...ascertained the full name of each child, (if any shall have ...tion of its parents, the date and place of birth; and the ...titioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...omply with the provisions of this section shall be sub-...e recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 82091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12th 1897

4. Place of Birth, (Street and Number) 431 S. Wallas Street

5. Full Name of Mother, Mary Falkenham

6. Mother's Maiden Name Mary Finn

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Chas. H. Falkenham

9. Father's Occupation Stevedore

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Lenz "midwife"

Address, 1539 Aliceanna Street

Remarks,

8 9 7 U 0 0 2 1 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the street and number (if any) of the residence of the parents, the date and place of birth, and the number of the child of the mother (whether first, second, third, &c., child born), and whether the child was born alive or dead. The certificate shall be signed by the person who shall have been in attendance at the birth, and if there was no person in attendance, or if the person in attendance refuses to sign, then the parent or householder shall sign the certificate. Every such certificate shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, or to such person as he may appoint to receive the same, on or before the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and if any such birth shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1- first

1. *Sex, (state whether male ~~or female~~)* male-
2. *Race or Color, (~~if not of the white~~ race)* Colored
3. *Date of Birth,* April-13-1887 at 11 oclock, P. M.
4. *Place of Birth, (Street and Number)* 505 N. Central av-
5. *Full Name of Mother,* Ludie, Savage
6. *Mother's Maiden Name,* ——— Savage
7. *Mother's Birthplace,* North Hampton County Va-
8. *Full Name of Father,* Daniel Colburn
9. *Father's Occupation* odd jobs
10. *Father's Birthplace,* Baltimore city - M. d.

Name of Medical Attendant, or other person who makes this Return, Josiphine Amos - Cooper

Address, 520 - Shuler street

Remarks, mother is well child is little weak

Balto city - M. d.

8 7 0 0 0 2 1 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 82093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April 13
4. Place of Birth, (Street and Number) 1109 Saratoga Street
5. Full Name of Mother, Mary E Co
6. Mother's Maiden Name, Mary Lee
7. Mother's Birthplace, Noble County
8. Full Name of Father, Jasa E Co
9. Father's Occupation Hardcarry
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1102 Saratoga St

Remarks,

8 7 7 U 0 0 2 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 82194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, April 3d 97.
4. Place of Birth, (Street and Number) 924 St Paul St.
5. Full Name of Mother. Mary Colquhoun Purnell.
6. Mother's Maiden Name. Mary Colquhoun Goldsborough
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Francis H. Purnell.
9. Father's Occupation, Clerk Court of Worcester Co — md.
10. Father's Birthplace, Worcester County, md.

Name of Medical Attendant, or other person who makes this Return. Robt T. Wilson MD.

Address, 820 Park Ave.

Remarks,

18970002191

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife, nurse or other person who shall have charge of or be employed in any case of birth shall cause a return thereof to be made in writing to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth has occurred under his or her care during the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8 2 0 9 5 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3 - 1897
4. Place of Birth, (Street and Number) 193 E Hill St
5. Full Name of Mother, Lizzie Brown
6. Mother's Maiden Name, Lizzie Counabaugh
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Brown
9. Father's Occupation Sodor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Talor 41 Gilford alley

Address,

Remarks,

1897 0 0 0 2 1 9 2

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 82096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 4 1897.
4. *Place of Birth, (Street and Number)* 1702, Cara St.
5. *Full Name of Mother,* Rachel E Boston
6. *Mother's Maiden Name,* Hill
7. *Mother's Birthplace,* A A Co Md.
8. *Full Name of Father,* James Boston
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 112 Saratoga St

Remarks, Batts Ind.

8970002193

Wm. J. C. Dulany Co,. City Printers and Stationers.

...the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 82097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th inst
4. Place of Birth, (Street and Number) 1010 N Bond St
5. Full Name of Mother, Etta J Smith
6. Mother's Maiden Name, Etta J Boerner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip J Smith
9. Father's Occupation Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Price

Address, 1630 Ashland Ave

Remarks, Child perfect & healthy

8970002194

Wm. J. C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the ... shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 5th 1897.
4. *Place of Birth, (Street and Number)* 922 Edward Sts.
5. *Full Name of Mother,* Mrs Bessie Johnson
6. *Mother's Maiden Name,* Miss Bessie Bailey.
7. *Mother's Birthplace,* Wrightsville. Pa.
8. *Full Name of Father,* Mr Henry Johnson
9. *Father's Occupation* Minister
10. *Father's Birthplace,* Queen ans Co Virginia.

Name of Medical Attendant, or other person who makes this Return, Mrs Bessie Johnson

Address, 704 Tyson St.

Remarks,

8970002195

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 5
4. Place of Birth, (Street and Number) 1023 Hillen st
5. Full Name of Mother, Kate Neville
6. Mother's Maiden Name, Kate Furlong
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward Neville
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8 9 7 U 0 0 2 1 9 6

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	april 5
4. *Place of Birth, (Street and Number)*	936 Harford ave
5. *Full Name of Mother,*	Anne Lyra Grady
6. *Mother's Maiden Name,*	Anne Lyra Grady
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Grady
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Cunningham
Address,	
Remarks,	

8970002197

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82 101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14th 1897
4. *Place of Birth, (Street and Number)* 1838 N Collington Ave.
5. *Full Name of Mother,* Marie Gimbel
6. *Mother's Maiden Name,* Lacking
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Gimbel
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, 7 Mine Back Lane.

Remarks, none

† 8 9 7 0 0 0 2 1 9 8

Wm J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have ...occupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Frank Herbert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1891
4. Place of Birth, (Street and Number) Canton Lane near Eastern
5. Full Name of Mother, Fredericka Herbert
6. Mother's Maiden Name, " Manard
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Herbert
9. Father's Occupation Ben Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. N. Bruns

Address, 1610 N. Wolfe St

Remarks,

8 4 7 U 0 0 2 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1897.
4. Place of Birth, (Street and Number) 1008 N. Dallas
5. Full Name of Mother, Alice Gelser
6. Mother's Maiden Name, Madden
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frederick Gelser
9. Father's Occupation Bailer Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 1400 Jefferson St

Remarks,

1897 0002200

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th " 1899
4. Place of Birth, (Street and Number) 154 Old York Road
5. Full Name of Mother, Annie Marie Catherine Bowling Rogers
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Oliver Bowling
9. Father's Occupation Shoe Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, William J. Fillebrown M.D.

Address, 602 E. 27th St. "

Remarks,

8970002201

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1336]

RETURN OF A BIRTH. 82115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female RITA ANN OPPENHEIMER
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th 99.
4. *Place of Birth, (Street and Number)* 411 N. Carey St.
5. *Full Name of Mother,* Ray Oppenheimer
6. *Mother's Maiden Name,* Ray Adler
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Max Oppenheimer
9. *Father's Occupation* ~~Engineer~~ Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henry C. Pue, M.D.

Address, 1203 W. Fayette St.

Remarks,

1897000202

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 83,106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* W
2. *Race or Color, (if not of the white race)* 9th April 97
3. *Date of Birth,* Mother-in-law Otis
4. *Place of Birth, (Street and Number)* Elen D George
5. *Full Name of Mother,* " Dugan
6. *Mother's Maiden Name,* Balto
7. *Mother's Birthplace,* Carla Sears
8. *Full Name of Father,* Merchants
9. *Father's Occupation,* Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. C. B. Grundake M.D

Address, 92 S Calhoun

Remarks,

1 8 4 7 0 0 0 2 2 0 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 82107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1897

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th 1897
4. *Place of Birth, (Street and Number)* 1408 E. Lanvale
5. *Full Name of Mother,* Maggie Kelly
6. *Mother's Maiden Name,* Connelly
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Michael V. Kelly
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D

Address, 1402 E. Lanvale St

Remarks,

1897 00022204

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 8/11/69

1236.]

RETURN OF A BIRTH. 82108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: THEODORE LEO ROSSMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th April 1897
4. Place of Birth, (Street and Number) 1502 Byrd St
5. Full Name of Mother, annie L Rossman
6. Mother's Maiden Name, annie L Barnes
7. Mother's Birthplace, Fredrick Co Md
8. Full Name of Father, John B Rossman
9. Father's Occupation Butcher
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A. Krapes

Address, 1828 Light St

Remarks, Doing Well

1897 00022205

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 10th April 1897

4. *Place of Birth, (Street and Number)* 1603 Potomac St

5. *Full Name of Mother,* Mary Falk

6. *Mother's Maiden Name,* Mary Carburn

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* George Falk

9. *Father's Occupation* Conductor

10. *Father's Birthplace,* Charlestown Jefferson Co

Name of Medical Attendant, or other person who makes this Return, E L Brooker

Address, 1828 Light St

Remarks, Dairy Walk

8 7 7 0 0 0 2 2 0 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

...have occurred under his or her care during the ...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1336.]

RETURN OF A BIRTH. 82110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th Sept 1897
4. *Place of Birth, (Street and Number)*	53 E Barney St
5. *Full Name of Mother,*	Clara Smith
6. *Mother's Maiden Name,*	Clara Edwards
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Smith
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	E A Brooks
Address,	1828 Light St
Remarks,	Drug Well

8 9 7 0 0 0 2 2 0 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the practitioner in the case the birth of any child been conferred; duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, month to the office of the Commissioner of Health. In case the birth of any child third day of each and every shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 11 1897
4. *Place of Birth, (Street and Number)* 1410 Bruce St
5. *Full Name of Mother,* Fannie Dutton
6. *Mother's Maiden Name,* Fannie Little
7. *Mother's Birthplace,* Rucastown Md
8. *Full Name of Father,* Alfred Dutton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carrol Co. Md

Name of Medical Attendant, or other person who makes this Return, Frederick D. Keppel

Address,

Remarks,

8970002208

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 83115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April. 12th
4. *Place of Birth, (Street and Number)* Baltimore City Randall St 126
5. *Full Name of Mother* Sarah Louisa Conway
6. *Mother's Maiden Name* Tanner
7. *Mother's Birthplace* Calvert Co Md
8. *Full Name of Father* Anthony Conway
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

8 9 7 0 0 0 2 2 0 9

The Physician or Midwife in attendance upon any birth, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 82113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 13, 1897.

4. Place of Birth, (Street and Number) 1207. McCabes Court. Baltimore Md.

5. Full Name of Mother, Mrs. Emma Jruen Seabrease

6. Mother's Maiden Name, Miss Emma Jruen Blanchard.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Alonzo A. Seabrease,

9. Father's Occupation, Wagon Driver

10. Father's Birthplace, Wicomico County, Md.

Name of Medical Attendant, or other person who makes this Return, Mary A. E. Lambert

Address, 1207 Mc Cabes Court. St. 1.22

Remarks, Mother and baby Do Well

8 4 7 0 0 0 2 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 83114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13th 1897.
4. *Place of Birth, (Street and Number)*	1608. Wilkens Ave
5. *Full Name of Mother,*	Mattie McCubbin
6. *Mother's Maiden Name,*	Mattie Kelley
7. *Mother's Birthplace,*	Washington, D.C.
8. *Full Name of Father,*	Nicholas A. McCubbin
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Washington, D.C.
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox, M.D.
Address,	1205. W. Fayette St.
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 2 2 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 83115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th 97
4. *Place of Birth, (Street and Number)* 831 McHenry st.
5. *Full Name of Mother,* Johanna Burns
6. *Mother's Maiden Name,* Johanna Whalen
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Peter Burns
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. Place M.D.

Address, 1203 W. Fayette st

Remarks,

1 8 9 7 0 0 0 2 2 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the ... ascertained the full name of each child, (if any shall have ... of its parents, the date and place of birth; and the ... tioner in the form of a certificate between the first and ... commissioner of Health. In case the birth of any child ... shall become the duty of the person or parents of such ... the manner and within the period above required, and ... comply with the provisions of this section shall be sub- ... recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82116

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14/97
4. *Place of Birth, (Street and Number)*	1531 N Fulton Ave
5. *Full Name of Mother,*	Maggie Sheerer
6. *Mother's Maiden Name,*	Maggie Ball
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Albert Sheerer
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo. W. Annis M. D
Address,	1501 Pennsylvania
Remarks,	

8 9 7 0 0 0 2 2 1 3

Wm J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been omitted, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83117

GIVEN NAME ADDED 8-13-63 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Marie ~~Meissing~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th, 1897
4. Place of Birth, (Street and Number) 2054 Federal st
5. Full Name of Mother, Minnie Meissing
6. Mother's Maiden Name, " Kroll
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herrn Meissing
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 N. 6 Luster

Remarks,

8470002214

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

82118

RETURN OF A BIRTH. 82118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Number

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15th Day
4. *Place of Birth, (Street and Number)* 318 North Dean Street
5. *Full Name of Mother,* Eleanor Dudley
6. *Mother's Maiden Name,* Eleanor Denby
7. *Mother's Birthplace,* Centerville Queen Anne's Co. Md.
8. *Full Name of Father,* Samuel Dudley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Susan Harper

Address, 123 North Durham Street

Remarks, No remarks.

18700022215

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 85119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15 99
4. *Place of Birth, (Street and Number)* Baltimore Glyndon Ave 1305
5. *Full Name of Mother,* Emma Florance Phillips
6. *Mother's Maiden Name,* Emma Florance Eckart
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Harold Bailey Phillips
9. *Father's Occupation* Tin & Sheet iron worker
10. *Father's Birthplace,* Dorchester Co Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 238 N Bethel Eaton St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8477002216

The above shall be delivered to the parent or person having charge of the child, or to the physician or midwife in attendance upon the mother, immediately after the birth of such child, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 82/20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 15 - 1897
4. Place of Birth, (Street and Number) 1412 Eutaw Place
5. Full Name of Mother, Mrs Quigley
6. Mother's Maiden Name, ?
7. Mother's Birthplace, ?
8. Full Name of Father, ?
9. Father's Occupation ?
10. Father's Birthplace, ?

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, J H Hospital.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 U 0 0 2 2 1 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 83121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. *Sex, (state whether male or female)* 2

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* April 15. 1867

4. *Place of Birth, (Street and Number)* 375 E. Fairmount Ave Baltimore

5. *Full Name of Mother,* E. Gideon

6. *Mother's Maiden Name,* E. Snead

7. *Mother's Birthplace,* Prince Island

8. *Full Name of Father,* E. Gideon

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Western Shore Va

Name of Medical Attendant, or other person who makes this Return. Charlotte Hellman

Address, 910 Leaden Hall st

Remarks,

8970002218

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82/52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 16th 1897
4. *Place of Birth, (Street and Number)* 403. N. Durham St
5. *Full Name of Mother,* Ella V. Easley
6. *Mother's Maiden Name,* " " Bush
7. *Mother's Birthplace,* Danville Va
8. *Full Name of Father,* Chas. W. Easley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Pittsylvania Co Va

Name of Medical Attendant, or other person who makes this Return. Susan Cooper

Address, 123 N. Durham

Remarks, All well

8970002219

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8 2123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Apr. 16, 1897

4. Place of Birth, (Street and Number) 238 Wilson st

5. Full Name of Mother, Mary E. Waddington.

6. Mother's Maiden Name, " Heishon

7. Mother's Birthplace, New Jersey

8. Full Name of Father, Ernest a. Waddington.

9. Father's Occupation Dairy.

10. Father's Birthplace, New Jersey.

Name of Medical Attendant, or other person who makes this Return. Edward Janney, M.D.

Address, 837 N Eutaw st

Remarks,

SECTION. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 0 0 0 2 2 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 16. April.
4. *Place of Birth, (Street and Number)* N. 9. Base. Street.
5. *Full Name of Mother,* Mary Brosser.
6. *Mother's Maiden Name,* Mary Stegman.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Paul Brosser.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary. Glass.

Address, N. 9. North Wolfe. St.

Remarks,

8970002221

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16. 1897
4. Place of Birth, (Street and Number) South St 4-7-11
5. Full Name of Mother, Ellen Pringer
6. Mother's Maiden Name, Ellen Brannan
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Prenger
9. Father's Occupation, ~~Captain~~ Captain
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, 1619 Cuba St

Remarks,

1897 00 02222

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of April 1897.
4. Place of Birth, (Street and Number) Baltimore Md 402 S Stricker St
5. Full Name of Mother, Mary Eber.
6. Mother's Maiden Name, Mary Kurl.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Eber
9. Father's Occupation, Box maker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ingeborg Kramer

Address, # 414 S Stricker St. Baltimore Md.

Remarks, Mother and Child are doing well.

8 9 7 0 0 0 2 2 2 3

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 85127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 April
4. Place of Birth, (Street and Number) 1118 East St.
5. Full Name of Mother, Magie Muller
6. Mother's Maiden Name, Schriefer
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Muller
9. Father's Occupation —
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. East St.

Remarks,

8 4 7 0 0 0 2 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday April 17th 97 10½ Am.
4. Place of Birth, (Street and Number) 922. N Baltimore St
5. Full Name of Mother, Edith Zapp
6. Mother's Maiden Name, Edith Smallwood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank Zapp
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Edward Lawlor MD

Address, 112. W. Mulberry St Baltimore Md

Remarks,

1897 0002225

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, April 17th 1897. 9 1/2 PM
4. Place of Birth, (Street and Number) 1121 Pork ave
5. Full Name of Mother, Mary E. Blake
6. Mother's Maiden Name, " " Moulton
7. Mother's Birthplace, Balto
8. Full Name of Father, George Blake Jr
9. Father's Occupation Builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Thornton M.D.

Address, 20 N Pulton ave

Remarks,

8970002226

...shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 17. 1897.

4. *Place of Birth, (Street and Number)* 602 Cross Street

5. *Full Name of Mother,* Mary Elizabeth Weihler

6. *Mother's Maiden Name,* " " Frey

7. *Mother's Birthplace,* City

8. *Full Name of Father,* George Weihler

9. *Father's Occupation* Cooper

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. William A. B. Sellman M.D.

Address, 5 East Biddle St.

Remarks,

8 9 7 0 0 0 2 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 8 2 131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18th 1897.

4. Place of Birth, (Street and Number) 927 N. Lombard.

5. Full Name of Mother, Ida May Whalen

6. Mother's Maiden Name, Ida May Ritchie

7. Mother's Birthplace, Washington, D.C.

8. Full Name of Father, Ellsworth Whalen.

9. Father's Occupation Tin Sheet & Galvanize Iron Worker.

10. Father's Birthplace, Baltimore Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Flannigan

Address, 2 E No Appleton St

Remarks,

1897 0002228

Wm. J. C. Dulany Co,. City Printers and Stationers.

KODAK SAFETY FILM

GIVEN NAME ADDED 4-6-66

RETURN OF A BIRTH. 82132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Harry Ross Hitchcock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18. 1897
4. Place of Birth, (Street and Number) 101 W. Clement St
5. Full Name of Mother, Laura Hitchcock
6. Mother's Maiden Name, Laura Vickers
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Walter Hitchcock
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore, md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks,

8470002229

Wm. J. C. Dulany Co., City Printers and Stationers.

...midwifery in the City of ... hereafter take place, shall keep a true and correct ... to be furnished by the Commissioner of ... have occurred under his or her care during the ... and place of birth; and the ... certificate between the first and ... case the birth of any child ... no other person be in ... duty of the person or parents of such ... period above required, and ... provisions of this section shall be sub- ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 82133

GIVEN NAME ADDED 7/27/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hiram Albaugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19 — 1897
4. Place of Birth, (Street and Number) 1212 Ashland Ave.
5. Full Name of Mother, Minnie A. Albaugh
6. Mother's Maiden Name, Braul
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. C. Albaugh
9. Father's Occupation Motor
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 142 E. Pratt St.

Remarks,

8970002230

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of each child, (if any shall have been born since the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Tuesday April 19th 97 (1.30 Pm)
4. *Place of Birth, (Street and Number)* 830. George St
5. *Full Name of Mother,* Henrietta Matthews
6. *Mother's Maiden Name,* Henrietta Johnson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Matthews
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Eli Wilson M.D.

Address, 112 N. Mulberry St

Remarks, Dentist

8 9 7 0 0 0 2 2 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 82 135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 19th 1897
4. *Place of Birth, (Street and Number)* No. 2 Mt Olivet Lane
5. *Full Name of Mother,* Elizabeth Fleshknecht
6. *Mother's Maiden Name,* Elizabeth Affelten
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Fleshknecht
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970002232

RETURN OF A BIRTH. 82-136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1897
4. Place of Birth, (Street and Number) 581 Pennington Place
5. Full Name of Mother, Annie L Warfield
6. Mother's Maiden Name, Annie Monroe
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward Warfield
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary L Cosey

Address, 1809 London Alley

Remarks, Healthy

C + 8 9 7 0 0 0 2 2 3 3

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20 th 1897
4. *Place of Birth, (Street and Number)* 212 Madeira St
5. *Full Name of Mother,* Mary Sliska
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Sliska
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kostin

Address, 205 N Washington St

Remarks,

8 9 7 0 0 0 2 2 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8 E 138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 20th 1897
4. *Place of Birth, (Street and Number)* 1202 N. Dana Street
5. *Full Name of Mother,* Laura V. Jenkins
6. *Mother's Maiden Name,* " " Fields
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* William Jenkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 N. Durham Street

Remarks,

8970002235

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th of April 1897
4. Place of Birth, (Street and Number) 1431 Richardson
5. Full Name of Mother, Bertha Werner
6. Mother's Maiden Name, " Kaiser
7. Mother's Birthplace, Germania
8. Full Name of Father, Herman Werner
9. Father's Occupation Barber
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Lizzie Schaeffer

Address, No 208 E Lord Ave. S. A.

Remarks,

8 9 7 U 0 0 2 2 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 8 2140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2 1897
4. *Place of Birth, (Street and Number)* 1824 N. Charles St
5. *Full Name of Mother,* Adele Slade
6. *Mother's Maiden Name,* Shipley
7. *Mother's Birthplace,*
8. *Full Name of Father,* Albert Slade
9. *Father's Occupation* Teacher
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Thomas Shearer M.D.

Address, 345 N. Charles St.

Remarks,

B 4700022237

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 April 1897
4. *Place of Birth, (Street and Number)* No 1746 Hull St E. P.
5. *Full Name of Mother,* Lizzie Leimbach
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Leimbach
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Lizzie Schaffer

Address, No 1708 E. Fort Ave.

Remarks,

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 2 2 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st. 1897.
4. Place of Birth, (Street and Number) 1015 E. Lombard St.
5. Full Name of Mother, Louie Cassidy
6. Mother's Maiden Name, " Lee
7. Mother's Birthplace, America
8. Full Name of Father, Eddie Cassidy
9. Father's Occupation, Can Maker
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Sig. G. Feldman

Address, 1013 E. Lombard St

Remarks,

1897 U 0 0 239

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2th of April
4. Place of Birth, (Street and Number) Baltimore Md # 519 Eden St
5. Full Name of Mother, Annie Wentzel
6. Mother's Maiden Name, Wentzel
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schneider
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lucy Kinney

Address, # 414 S Streeter St Baltimore Md

Remarks, Mother and Child are doing well.

8970002240

Wm J C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 82144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 2 — 1897
4. Place of Birth, (Street and Number) 2639 Boon St Waverly Annex
5. Full Name of Mother, Rachael A Keech
6. Mother's Maiden Name, " " Johnson
7. Mother's Birthplace, England
8. Full Name of Father, Thomas Keech
9. Father's Occupation Waterman
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, R L Ransein M.D.

Address, 811 Jefferson Ave Waverly

Remarks, Baltimore Md

8 9 7 0 0 0 2 2 4 1

The undersigned shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, April the 3. 1897

Place of Birth, (Street and Number) Baltimore 349 Pantalow st

Full Name of Mother, Eda Doll

Mother's Maiden Name, Eda Blamey

Mother's Birthplace, Frederick

Full Name of Father, Leslie Chester Doll

Father's Occupation Painter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ruth A Cochran

Address, No 124 Lexington st

Remarks,

1897000 2242

...ity Printers and Stationers.

RETURN OF A BIRTH. 82146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th
4. Place of Birth, (Street and Number) 2971 Lanvale St Ext
5. Full Name of Mother, Emma Eugenia Hilton
6. Mother's Maiden Name, Emma Eugenia Haney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshua Ellsworth Hilton
9. Father's Occupation Machinist For Jackson Comp
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Sergeay

Address, 2847 Lanvale St

Remarks,

8970002243

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 83147

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) Third

state whether male or female) Female

or Color, (if not of the white race) White

of Birth, Alive to Sign

e of Birth, (Street and Number) Baltimore No. 12 Lodur st

Name of Mother, Louisa Glaser

er's Maiden Name, Louisa myers

er's Birthplace, Baltimore

Name of Father, Charles Glaser

er's Occupation Alcholator

er's Birthplace, Baltimore

e of Medical Attendant, or other person who makes this Return, Mrs. Ruth A. Culver

ress, No. 125 S. monroe st

arks,

8970002244

City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 85 148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th April

4. Place of Birth, (Street and Number) 235 North Fulton Ave

5. Full Name of Mother, Mary Elizabeth Spellissy

6. Mother's Maiden Name, Mansfield

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin M. Spellissy

9. Father's Occupation Dealer in Cheese

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lemuster

Address, 2 E Mt Royal Ave

Remarks,

8970002245

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7th 1897
4. *Place of Birth, (Street and Number)*	Baltimore Md # 843 Cross St
5. *Full Name of Mother,*	Catherine Heller
6. *Mother's Maiden Name,*	" Murphy
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	K. E. Heller
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Keasling
Address,	# 417 S Stricker St. Baltimore Md
Remarks,	Mother and Child are doing well

8 9 7 0 0 0 2 2 4 6

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner of midwifery, or other person who shall be in attendance upon the birth of any child, shall, within the period above required, report the same to the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 85150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 4th April
4. *Place of Birth, (Street and Number)* 114 Lemon St
5. *Full Name of Mother,* Mary Warner
6. *Mother's Maiden Name,* Mary Gaile
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Frank Warner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, 8 dy Stockholm

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970002247

...shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

RETURN OF A BIRTH. 82151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8th 1897.

4. Place of Birth, (Street and Number) #240 Cross St. Balto. Md.

5. Full Name of Mother, Magdelene Nader.

6. Mother's Maiden Name, Magdelene Weber

7. Mother's Birthplace, Germany

8. Full Name of Father, John B. Nader

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary K. Fuller

Address, #611 S. Patterson Park Ave.

Remarks,

8 9 7 U 0 0 2 2 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

The Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 82152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1897
4. Place of Birth, (Street and Number) 621 N Bollington ave
5. Full Name of Mother, Mary Owens
6. Mother's Maiden Name, Mary Williams
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, John F Owens
9. Father's Occupation, Chief cook Johns Hopkins Hospital
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. D F Maguire

Address, 1729 E Balto St

Remarks,

1897 00002249

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

a Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 85153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 9th 1897
4. *Place of Birth, (Street and Number)* 246 Stockton St
5. *Full Name of Mother,* Eugenie Smith
6. *Mother's Maiden Name,* Eugenie Dalton
7. *Mother's Birthplace,* Harford Co md
8. *Full Name of Father,* Eugene Smith
9. *Father's Occupation* Electrician & Conductor
10. *Father's Birthplace,* Harford Co md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Shockney

Address, 731 Cumberland St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

1897 000250

The Mother of the child set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(Form 1236)

RETURN OF A BIRTH. 8 & 154

GIVEN NAME ADDED 4-5-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~Frederick~~ Erck

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, ~~(if not of~~ the white race)
3. Date of Birth, April 9th 1897
4. Place of Birth, (Street and Number) 137 Milton Place
5. Full Name of Mother, Mary Winifred Erck
6. Mother's Maiden Name, " " Hasley
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Frederick Erck
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J. Ridgway André M.D.

Address, 1123 E. Balto St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0002251

RETURN OF A BIRTH. 82155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th Tenth of April
4. Place of Birth, (Street and Number) Balto City 1503 Freeman St
5. Full Name of Mother, Amanda E. Burger
6. Mother's Maiden Name, Amanda E. Hirter
7. Mother's Birthplace, Rockland Balto Co. Md
8. Full Name of Father, Joseph G. Burger
9. Father's Occupation Fireman
10. Father's Birthplace, York Penn

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Sweeney

Address, 731 Cumberland St

Remarks,

847000252

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 82156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 A [illegible] 97
4. Place of Birth, (Street and Number) 714 Bose St
5. Full Name of Mother,
6. Mother's Maiden Name, Annie Smith
7. Mother's Birthplace,
8. Full Name of Father, [illegible]
9. Father's Occupation Carpenter,
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Loptis

Address, 205 N Washington Ave St

Remarks,

8970002253

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* apl 10 '97
4. *Place of Birth, (Street and Number)* 1842 N Chester
5. *Full Name of Mother,* Katie Shaeckert
6. *Mother's Maiden Name,* " Sapp
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Michael Shaeckert
9. *Father's Occupation* Foreman R R Construction
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 N Broadway

Remarks,

been conferred) its sex, color, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 2 2 5 4

FORM 1236.]

RETURN OF A BIRTH. 82158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10th 97
4. Place of Birth, (Street and Number) 425 Canton Av.
5. Full Name of Mother, Louisa Joerdens
6. Mother's Maiden Name, Louisa Pfitzing
7. Mother's Birthplace, Balt- Md
8. Full Name of Father, George Joerdens
9. Father's Occupation Undertaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. Tyler Smith M.D.

Address, 600 Columbia Ave

Remarks,

8 4 7 U 0 0 2 2 5 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 82159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 1897
4. Place of Birth, (Street and Number) 529 Falls road Hampden
5. Full Name of Mother, Annie Jenkins
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Prince George Co md-
8. Full Name of Father, William W Jenkins
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Co - md -

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson ave Waverly Baltimore md

Remarks,

8 9 7 0 0 0 2 2 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...keep a true and correct ...furnished by the Commissioner of ...schedule, to be furnished by the ...same on blank ...the births which have occurred under his or her care during the ...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th of April 1897.
4. Place of Birth, (Street and Number) Baltimore Md # 713 Paca St.
5. Full Name of Mother, Alice Nelson
6. Mother's Maiden Name, Farmer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edwin Nelson.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning.

Address, # 414 S Stricker St. Baltimore Md

Remarks, Mother and Child are doing well.

8970002257

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 82161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 11 — 1897
4. Place of Birth, (Street and Number) 126 S. Dallas St.
5. Full Name of Mother, Alice Washington
6. Mother's Maiden Name, Cannon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lenert Washington
9. Father's Occupation Laborer
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

1897000022588

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12, 1897
4. Place of Birth, (Street and Number) 212 N. 20th
5. Full Name of Mother, Catherine Sisson Chappell
6. Mother's Maiden Name, Sisson
7. Mother's Birthplace, Montgomery Co. Md
8. Full Name of Father, Ralph Talbot Chappell
9. Father's Occupation, Naval officer
10. Father's Birthplace, Morgan, Utah

Name of Medical Attendant, or other person who makes this Return, Jas. H. Craighill

Address, 1732 N. Market St.

Remarks,

1897 00022259

Wm J C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FM 1236]

RETURN OF A BIRTH. 85163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 12 1897
4. Place of Birth, (Street and Number) 1520 N. Gay St.
5. Full Name of Mother, Maria Roethlinghoefer
6. Mother's Maiden Name, Muehel
7. Mother's Birthplace, Germany
8. Full Name of Father, Leonhard Roethlinghoefer
9. Father's Occupation Beer Bottler
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

7

84700022260

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apirl 12th 97
4. *Place of Birth, (Street and Number)*	720 Lemox St.
5. *Full Name of Mother,*	Sarah Lowenstein
6. *Mother's Maiden Name,*	n Fineman
7. *Mother's Birthplace,*	Philadelphia Pa
8. *Full Name of Father,*	Sigmund Lowenstein
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Thomas Obie
Address,	219 W Monument St
Remarks,	

8 9 7 0 0 0 2 2 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 83165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1897
4. Place of Birth, (Street and Number) 818 Gee St
5. Full Name of Mother, Mary Bisel
6. Mother's Maiden Name, Boheimann
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Bisel
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kefatis

Address, 202 N Washington St

Remarks,

8970002262

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 83168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th April
4. Place of Birth, (Street and Number) 835 N. Franklin St
5. Full Name of Mother, Maggie Nordhues
6. Mother's Maiden Name, " Ewan
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John H Nordhues
9. Father's Occupation Confectioner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Shuster

Address, 223 N Appleton St

Remarks,

8970002263

Wm. J. C. Dulany Co,. City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth, and the sex, color, of its sex, color. The full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 85167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 12-1897
4. *Place of Birth, (Street and Number)*	917 Jefferson ave. Waverly
5. *Full Name of Mother,*	Anne A Sweeney
6. *Mother's Maiden Name,*	" " Stanley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward M. Sweeney
9. *Father's Occupation*	Electrition
10. *Father's Birthplace,*	Prince Georges Co md
Name of Medical Attendant, or other person who makes this Return,	R L Rankin M D
Address,	911 Jefferson Ave Waverly Baltimore md
Remarks,	

8 4 7 0 0 0 2 2 6 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 82168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 th 1897
4. Place of Birth, (Street and Number) 780 Edgeter St
5. Full Name of Mother, Katie Lukas
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohimia
8. Full Name of Father, John Lukas
9. Father's Occupation Baybor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kepler

Address, 706 N Washington St

Remarks,

1897000 2265

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 82169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1897.
4. Place of Birth, (Street and Number) 2239 Wilkens Ave. Baltimore
5. Full Name of Mother, Anna Belle Southworth
6. Mother's Maiden Name, Anna Belle Stuffinger
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Clinton Southworth
9. Father's Occupation Superintendant Balto. Stoning Dist
10. Father's Birthplace, Caroline Co. Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, 1631 West Pratt St. Baltimore, Md.

Remarks,

8 9 7 U 0 0 2 2 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 82170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1897
4. Place of Birth, (Street and Number) 127 Wall St
5. Full Name of Mother, Annie Reinert
6. Mother's Maiden Name, Brannon
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Reinert
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary K Estes

Address, 215 N Washington Ave

Remarks,

8970002267

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Sixth child.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 14th.
4. *Place of Birth, (Street and Number)* 635 S. Howard St.
5. *Full Name of Mother,* Laura Marion Parker.
6. *Mother's Maiden Name,* Laura Marion Haired.
7. *Mother's Birthplace,* Baltimore, Maryland.
8. *Full Name of Father,* William H. Parker.
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return, Catherine Jones.

Address, 1020 S. Sharp St.

Remarks, X

8970002268

Wm. J. C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the ... been ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 82172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 14 1897
4. *Place of Birth, (Street and Number)* 554 N Hoffman st
5. *Full Name of Mother,* Sadie Garrison
6. *Mother's Maiden Name,* - - Holland
7. *Mother's Birthplace,* Prince Georges Md
8. *Full Name of Father,* Jeremiah Garrison
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, W.B. Hawkins

Address, Green & Mulberry st

Remarks,

8970002269

Every midwife practicing midwifery in the City of ... superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as she can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 14. April.
4. *Place of Birth, (Street and Number)* 1925. Fairmount. st.
5. *Full Name of Mother,* Barbara Schmidt.
6. *Mother's Maiden Name,* Barbara Feibe.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Joe Schmidt.
9. *Father's Occupation* Fireman.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary R. Wells.

Address, N. 2. N. Wolfe. Street

Remarks,

8970002270

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 82174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14th 1897

4. Place of Birth, (Street and Number) 1517 W. Balto St.

5. Full Name of Mother, Jessie V Elliott

6. Mother's Maiden Name, Jessie V Ayers

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Charles H. Elliott

9. Father's Occupation Candy Packer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Hunter

Address, 2 3 N Poppleton St

Remarks,

8 9 7 0 0 0 2 2 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 82175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14 — 1897
4. *Place of Birth, (Street and Number)* 1914, Canton Ave.
5. *Full Name of Mother,* Anni Helker
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Helker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

84700002272

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH 82176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

name Urban Smith Stolden

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 1897
4. Place of Birth, (Street and Number) 1619 N. Franklin St.
5. Full Name of Mother, Millie Stolden
6. Mother's Maiden Name, Millie Sadtler
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry Stolden
9. Father's Occupation, Mariner
10. Father's Birthplace, Virginia

Name of Medical Attendant or other person who makes this Return. C Urban Smith M.D

Address, 1701 Druid Hill Ave Balto.

Remarks,

8970002273

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1235.]

RETURN OF A BIRTH. 82177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 14th 1897.

4. *Place of Birth, (Street and Number)* #2226 Eager St Balto. Md.

5. *Full Name of Mother,* Mary Minnick

6. *Mother's Maiden Name,* Mary Prudence

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Daniel Minnick

9. *Father's Occupation* Laborer.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary N. Taylor

Address, #611 S. Patterson Pk. Ave

Remarks,

8977U002274

Wm. J. C. Dulany Co,. City Printers and Stationers.

And the Commissioner of Health will not set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 97
4. Place of Birth, (Street and Number) 1832 Byrd st
5. Full Name of Mother, Augusta Martha Mary Strecker
6. Mother's Maiden Name, " " " Oehlmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Urban Strecker
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, John C Roth

Address, 1644 Hanover st

Remarks,

8 9 7 U 0 0 2 2 7 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FORM 1236.]

GIVEN NAME ADDED 4-24-64

RETURN OF A BIRTH. 5179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Mary Edna Brooks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1897
4. Place of Birth, (Street and Number) Hill view Ave
5. Full Name of Mother, Sarah Brooks
6. Mother's Maiden Name, James
7. Mother's Birthplace, England
8. Full Name of Father, Sylvester Brooks
9. Father's Occupation florist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, 1602 St.

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970002276

Blank. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

every person practicing midwifery in the City of
all hereafter take place, shall keep a true and correct
schedule, to be furnished by the Commissioner of
ich have occurred under his or her care during the
nuel the full name of each child, if any shall have
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82180

GIVEN NAME ADDED 3-23-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Arthur Peter Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th April ~~1897~~ 1897
4. *Place of Birth, (Street and Number)* 224 N. Castle St
5. *Full Name of Mother,* Minni Fink
6. *Mother's Maiden Name,* Minni Mealler
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Peter Fink
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hilke

Address, 208 N. Castle St. Baltimore.

Remarks, (((1 1 1

8 7 7 0 0 0 2 2 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 16
4. *Place of Birth, (Street and Number)* 305 N. Gilmor St
5. *Full Name of Mother,* Mary Little
6. *Mother's Maiden Name,* Mary Lee
7. *Mother's Birthplace,* Queen Ann
8. *Full Name of Father,* John H Lee
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, Lizzie Jones

Address, 622 Sarah Ann St

Remarks,

1 8 9 7 0 0 0 2 2 7 8

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 82,182

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Sunday April 17 97
4. *Place of Birth, (Street and Number)* 1210 Riverside ave Balto. City.
5. *Full Name of Mother* Elizabeth Lehmann
6. *Mother's Maiden Name* Elizabeth Eckhardt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Lehmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Conway

Address

Remarks

---

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, name of the mother of such child or children.

1897 0002279

RETURN OF A BIRTH. 82183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 April 1897
4. Place of Birth, (Street and Number) 340 Fort Avenue City
5. Full Name of Mother, Annie White
6. Mother's Maiden Name, Annie Water
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry White
9. Father's Occupation, Cabinet Trimmer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson St City

Remarks,

8 9 7 0 0 0 2 2 8 0

Wm J C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 20th 97
4.	*Place of Birth, (Street and Number)*	6 S. E. Randall
5.	*Full Name of Mother,*	Alice Tipton
6.	*Mother's Maiden Name,*	" Stinchcomb
7.	*Mother's Birthplace,*	Harford Co Md
8.	*Full Name of Father,*	Frank Tipton
9.	*Father's Occupation,*	Fireman on B & O R R Co
10.	*Father's Birthplace,*	Harford Co Md
	Name of Medical Attendant, or other person who makes this Return,	Jesse C Roth
	Address,	1644 Hanover St
	Remarks,	

8 4 7 0 0 0 2 2 8 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored child
3. *Date of Birth,* 2 of April
4. *Place of Birth, (Street and Number)* 507 Peterson st court
5. *Full Name of Mother,* Mamie Bros
6. *Mother's Maiden Name,* Not married
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Hanton
9. *Father's Occupation* Labor work
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 812 N Spring st

Remarks, Doing well as can expect

8970002282

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 22 97
4. *Place of Birth, (Street and Number)* No 18 S Ballas st.
5. *Full Name of Mother,* Louisa Sittig
6. *Mother's Maiden Name,* Kater
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred K. Sittig
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louisa Gloss

Address, No 1907 E Monument st.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

18970002283

RETURN OF A BIRTH. 82187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22/97
4. Place of Birth, (Street and Number) # 1806 E. Canton ave
5. Full Name of Mother, Ida V. Susemihl
6. Mother's Maiden Name, Ida V. Harold
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John Susemihl
9. Father's Occupation Musician
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C. Bashuell M.D.

Address, 2340 Madison avenue

Remarks, Born 9.30 P.M.

1897 0002284

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 82188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 23rd
4. *Place of Birth, (Street and Number)* 1258 Edward st
5. *Full Name of Mother,* Canna Lynn
6. *Mother's Maiden Name,* " Green
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Lynn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland Counties and

Name of Medical Attendant, or other person who makes this Return, Sadie A. Patterson

Address, 848 N. Spring st

Remarks, deny well as correct

1 8 9 7 0 0 0 2 2 8 5

been conferred) its sex, color, the full name and occupation of ... ascertained the full name of each child, (if any shall have ... tion of its parents, the date and place of birth; and the ... titioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... omply with the provisions of this section shall be sub- ... e recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) with
3. Date of Birth, 22 April
4. Place of Birth, (Street and Number) 2241 Mura Street
5. Full Name of Mother, Marie Schulze
6. Mother's Maiden Name, Marie Rose
7. Mother's Birthplace, Germania
8. Full Name of Father, Fritz Schulze
9. Father's Occupation, Laundry worker.
10. Father's Birthplace, Germania.

Name of Medical Attendant, or other person who makes this Return. D° Drewes. Mid-Wife.

Address, 1625 Hopkins Ave.

Remarks,

8 9 7 0 0 0 2 2 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 23, 1897
4. *Place of Birth, (Street and Number)* 2100 Vine St
5. *Full Name of Mother,* Bertha Kraft
6. *Mother's Maiden Name,* Bertha Hildesheim
7. *Mother's Birthplace,* Nenstadt (Germany)
8. *Full Name of Father,* Charles Kraft
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Sondershausen (Germany)

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, 1st. Pratt St. 1631. Baltimore. Md.

Remarks,

8970002287

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 23-97
4. Place of Birth, (Street and Number) Cuba St. 1639
5. Full Name of Mother, Lavina Kneubberg
6. Mother's Maiden Name, Jendrik
7. Mother's Birthplace, Breslau Schlesien
8. Full Name of Father, Heinrich Kneubberg
9. Father's Occupation Steuder
10. Father's Birthplace, Blumenthal Bremen

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Gaondt ave 1364

Remarks,

8970002288

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

month, and shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Birth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23d of April 1897
4. *Place of Birth, (Street and Number)* 1620 Marshall St
5. *Full Name of Mother,* Bertha Taylor
6. *Mother's Maiden Name,* Bertha McCarthy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Taylor
9. *Father's Occupation* Can maker
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, no doctor required

Address, the child is not so well from natural causes

Remarks, Mrs E Donaldson 919 Hall St

1897 00022289

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born April 23rd 1897
4. *Place of Birth, (Street and Number)* 2115 Jones St. Baltimore Md.
5. *Full Name of Mother,* Harrietann Presberry
6. *Mother's Maiden Name,* Harrietann Presberry
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George W. Presberry
9. *Father's Occupation* Coal Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address, 1751 E. Mulliken St.

Remarks, No remarks.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8970002290

FORM 1236]

RETURN OF A BIRTH. 82194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24, 1897
4. Place of Birth, (Street and Number) 18 E. York St.
5. Full Name of Mother, Rachel Josepe
6. Mother's Maiden Name, Rachel Moses
7. Mother's Birthplace, Russia
8. Full Name of Father, ~~J~~ Joseph Josepe
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinzstein

Address, 123 W. Barre St.

Remarks,

8470002291

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 7-6-55

RETURN OF A BIRTH. 82195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Crystal Schuler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) # 3rd, #

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24/97
4. Place of Birth, (Street and Number) 705. Scott St
5. Full Name of Mother, Amelia D. Schuler
6. Mother's Maiden Name, Amelia D. Will.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Schuler
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, A. Bashiell. M.D.

Address, 2340. Madison Ave

Remarks, Born 4.30 P.M.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 2 2 9 2

RETURN OF A BIRTH. 82 196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24 . 1897
4. Place of Birth, (Street and Number) 1604 . S. Charles . St
5. Full Name of Mother, Abbie . Orem
6. Mother's Maiden Name, Abbie . Hudson
7. Mother's Birthplace, Baltimor . md
8. Full Name of Father, Francis . Orem
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore . md

Name of Medical Attendant, or other person who makes this Return, Ellenmore . a . anderson

Address, 1434 Patapsco . St

Remarks,

8 4 7 0 0 0 2 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85 197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25 April
4. Place of Birth, (Street and Number) 1016 McDonough St
5. Full Name of Mother, Christina Fisher
6. Mother's Maiden Name, Rasmy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward H Stiles
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Black

Address, 1016 McDonough St.

Remarks,

---

be set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8970002294

ORM 1236.]

RETURN OF A BIRTH. 82198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3rd 1897
4. *Place of Birth, (Street and Number)*	216 E. 11th St.
5. *Full Name of Mother,*	Mary A. McCandlish
6. *Mother's Maiden Name,*	Mary A. Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William McCandlish
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferson Brune
Address,	10 St. Paul St.
Remarks,	

8970002295

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 8-2199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~2~~ March April 1899
4. *Place of Birth, (Street and Number)* 211 Coleman Alley
5. *Full Name of Mother,* Nellie Raymond
6. *Mother's Maiden Name,* Ellis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jerry Raymond
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Louisiana

Name of Medical Attendant, or other person who makes this Return, E. Schermerhorn

Address, 43 Albemarle St

Remarks,

8 9 7 0 0 0 2 2 9 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 April
4. *Place of Birth, (Street and Number)* 458 E Pratt St
5. *Full Name of Mother,* Belais Harris
6. *Mother's Maiden Name,* Levin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Aaron Harris
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, G. Nehrenson

Address, 423 Allendale St

Remarks,

8970002297

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

CERTIFICATE CORRECTED 9-23-59

RETURN OF A BIRTH. 85201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sara Rea Friedman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 April 857
4. *Place of Birth, (Street and Number)* 729 Water St
5. *Full Name of Mother,* Rachel ~~Friedman~~ Friedman
6. *Mother's Maiden Name,* Weinstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Israel ~~Friedman~~ Friedman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S Silberman

Address, 42 Eutaw Place

Remarks,

8 9 7 0 0 0 2 2 9 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 82502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 April 897
4. *Place of Birth, (Street and Number)* 30 E. Caroline St
5. *Full Name of Mother,* Annie Fortsman
6. *Mother's Maiden Name,* Iser
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Fortsman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Silverman

Address, 32 Abermarle St.

Remarks,

8970002299

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 82203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 15th 1897
4. *Place of Birth, (Street and Number)*	1334 Arlington St.
5. *Full Name of Mother,*	Eliza D. Harvey
6. *Mother's Maiden Name,*	Eliza D. Kingsley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William H. Harvey
9. *Father's Occupation*	Prof. Reader
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferson Brown
Address,	1051 Arlington St.
Remarks,	

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 4 7 0 0 0 2 3 0 0

1336.]

RETURN OF A BIRTH. 82204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 April 1897
4. *Place of Birth, (Street and Number)* 752 E. Fayette
5. *Full Name of Mother,* Rosa Miller
6. *Mother's Maiden Name,* Rosenberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mathew Miller
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Ds Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Lehrman

Address, 42 Albemarle St

Remarks,

8 9 7 0 0 0 2 3 0 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

which have occurred under his or her care during the ascertained the full name and occupation of its parents, the date and place of birth, and the set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Henry Healy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male Child.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, April 19 1897.
4. Place of Birth, (Street and Number) No 712 Penna ave
5. Full Name of Mother, Emma Healy
6. Mother's Maiden Name, Emma Schwinge
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Healy
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Theresa Gelbe No 706 Druid hill ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8 9 7 0 0 0 2 3 0 2

To be filled out as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1336.]

over)

RETURN OF A BIRTH. 82206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name John Preis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 tho

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st 1897
4. Place of Birth, (Street and Number) 420 Sharp St. Preis
5. Full Name of Mother, Katharine-Elisabetha-(Preis) Kaiser
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Franz (Preis) Preis
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Kate Eichler

Address, 637 George St.

Remarks,

8970002303

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1336]

RETURN OF A BIRTH. 82207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st. 97.
4. Place of Birth, (Street and Number) 204 E. 20th. St.
5. Full Name of Mother, Lilyan H Mahaal
6. Mother's Maiden Name, Lilian H. Blatter
7. Mother's Birthplace, Ohio
8. Full Name of Father, Henry H. Mahaal
9. Father's Occupation Book Keeper
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Harry C. Pile, M.D.

Address, 1703 W. Fayette St.

Remarks,

8970002304

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

RETURN OF A BIRTH. 85208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23rd 97.
4. Place of Birth, (Street and Number) 1107 Pennsylvania Ave.
5. Full Name of Mother, Maggie K. Kelly
6. Mother's Maiden Name, Maggie K. Buck
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John H. Kelly
9. Father's Occupation, Fireman B.C.F.D.
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1703 W. Fayette St.

Remarks,

8 9 7 0 0 0 2 3 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 April
4. Place of Birth, (Street and Number) 1411 Coovie St.
5. Full Name of Mother, Rosa Lebrowks
6. Mother's Maiden Name, " Lambrouska
7. Mother's Birthplace, Russia
8. Full Name of Father, Tosie Lebrowks.
9. Father's Occupation, Laboar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Kelly Wyan

Address, 1331 Hull St. Locust Point

Remarks,

8970002306

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 April
4. *Place of Birth, (Street and Number)* 1405 Andrew St.
5. *Full Name of Mother,* Henriette Berkmann Radtke
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hermann Berkmann
9. *Father's Occupation,* Laboar.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. Wilson

Address, 1331 Hull St.

Remarks,

1 8 9 7 0 0 0 2 3 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 5-5-59

RETURN OF A BIRTH. 8522 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Goetz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	23 June 1899
4. *Place of Birth, (Street and Number)*	1303 Andree st.
5. *Full Name of Mother,*	Margaretha Goetz
6. *Mother's Maiden Name,*	Fröder
7. *Mother's Birthplace,*	Gumany
8. *Full Name of Father,*	Charles Goetz
9. *Father's Occupation,*	Labear
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Kath. Mifsum.
Address,	1331 Hull st.
Remarks,	

8970002308

Every child born in Baltimore City, or found therein, shall be registered, and the certificate of birth shall state the place of birth, as near as can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rena Shuman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1897.
4. *Place of Birth, (Street and Number)* 1002 Granby St
5. *Full Name of Mother,* Etta Shuman
6. *Mother's Maiden Name,* Etta Crumpler
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Isaac Shuman
9. *Father's Occupation,* Tailoring Dressmaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. T. Adams

Address, 1013 E. Lanvale St

Remarks, GIVEN NAME ADDED 4-6-53 L.M.

1897000 2309

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 88213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1897
4. *Place of Birth, (Street and Number)* 318 Gaulk Street
5. *Full Name of Mother,* Sarah . Krohman
6. *Mother's Maiden Name,* Sarah - Emkey
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* George Krohman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna. Lenz Midwife.

Address, 1539 Aliceanna Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 2 3 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336.]

RETURN OF A BIRTH. 8 2 2 14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th April 1897
4. *Place of Birth, (Street and Number)* 31 E Hill St
5. *Full Name of Mother,* Annie Swiney
6. *Mother's Maiden Name,* Annie Gallagher
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* Charles Swiney
9. *Father's Occupation* Brass Molder
10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dairy Well

8 9 7 0 0 0 2 3 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 82215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 25, 1897
4. *Place of Birth, (Street and Number)* 1035 N. Carey St.
5. *Full Name of Mother,* Estelle Newton
6. *Mother's Maiden Name.* Cook
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jas. E. Newton
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Bowman M.D.

Address, 1002 Edmondson Ave.

Remarks,

8970002312

been conferred. its sex, color, the full name of each child, if any, shall have
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M 1236.]

RETURN OF A BIRTH. 82216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th April 1897
4. *Place of Birth, (Street and Number)*	135 E Randall St
5. *Full Name of Mother,*	Mary Martell
6. *Mother's Maiden Name,*	Mary Connors
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Joseph Martell
9. *Father's Occupation*	Boiler Maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	E A Brooks
Address,	1828 Light St
Remarks,	Dang Well

8 9 7 0 0 0 2 3 1 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th April 1897
4. *Place of Birth, (Street and Number)* 1022 William St
5. *Full Name of Mother,* Dealia Jennings
6. *Mother's Maiden Name,* Dealia Hill
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Patrick Jennings
9. *Father's Occupation* iron Molder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, E a Brooks

Address, 1828 Light St

Remarks, Doing Well

8970002314

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 82218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Yearnale
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th April 1897
4. *Place of Birth, (Street and Number)* 1437 Riverside ave
5. *Full Name of Mother,* Mollie Hall
6. *Mother's Maiden Name,* Mollie Carey
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Thomas Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brookes

Address, 1828 Light St

Remarks, Doing Well

8970002315

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday April 27th 1897.
4. Place of Birth, (Street and Number) 54 Market Space
5. Full Name of Mother, Becka Gudmen
6. Mother's Maiden Name, " Baer
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Gudman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yo Feldman

Address, 913 E. Lombard St. A

Remarks,

8970002316

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1897
4. *Place of Birth, (Street and Number)* 2628 Francis al
5. *Full Name of Mother,* Bertha West
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Frank L. West
9. *Father's Occupation* Motorman (Street Car
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Eugene Youngblood M.D.

Address, 731 W. North Ave

Remarks,

8970002317

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife who shall attend upon any birth which have occurred under his or her care during the month, shall make a return thereof to the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 2/24/69

RETURN OF A BIRTH 82221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EDITH HARRIS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Sixth

1. Sex (state whether male or female), ~~female~~ female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, March 3 — 1897
4. Place of Birth (Street and Number), Baltimore city Dolphin 574
5. Full Name of Mother, Christiana Harris
6. Mother's Maiden Name,
7. Mother's Birthplace, Wm't Co Maryland
8. Full Name of Father, George W Harris
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Ellen Mosl

Address, 1304 Division st

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

1897 0002318

GIVEN NAME ADDED

RETURN OF A BIRTH. 82221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15
4. *Place of Birth, (Street and Number)* Monroe st
5. *Full Name of Mother,* Mary Fallen
6. *Mother's Maiden Name,* McCahan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Fallen
9. *Father's Occupation* Runner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm M. Harrison

Address, 1412 Scott St

Remarks,

8970002319

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 88223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 15th 1897
4. *Place of Birth (Street and Number),* 659 Harlem ave
5. *Full Name of Mother,* Mrs Emma Sweet
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Michigan
8. *Full Name of Father,* Harriet Sweet
9. *Father's Occupation,* Business agent
10. *Father's Birthplace,* Michigan

Name of Medical Attendant, or other person who makes this Return. Wm L Owings

Address, 202 Av Franklin st City

Remarks,

1897000 2320

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 82224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 April
4. *Place of Birth, (Street and Number)* 1422 Lowens St.
5. *Full Name of Mother,* Emilie Ramschüssel
6. *Mother's Maiden Name,* Keller.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm. Ramschüssel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Duff Mahon

Address, 1331 Hull St. Locust Point

Remarks, Dept. Birth

8 9 7 0 0 0 2 3 2 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 82225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th April 1897
4. Place of Birth, (Street and Number) 1454 Patapsco
5. Full Name of Mother, Sarah Snyder
6. Mother's Maiden Name, Sarah Engel
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Snyder
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dairy Well

8970002322

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 82226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 April 1897
4. *Place of Birth, (Street and Number)* 1833 Westhall Place
5. *Full Name of Mother,* Barbia Rebstock
6. *Mother's Maiden Name,* Barbia Engelhardt
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Rebstock
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brookes

Address, 1828 Light St

Remarks, Dump Well

8 9 7 0 0 0 2 3 2 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 85227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Georgine Beatrice Stanley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2d Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~May~~ April 21st 1897
4. Place of Birth, (Street and Number) Balto city 1402 Jefferson st
5. Full Name of Mother, Rosa Stanley
6. Mother's Maiden Name, Rosa King
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Stanley
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Dr William E. Harris

Address, 1416 Jefferson st Mary E. Stuart 303

Remarks, Caroline st all Satisfaction

1897000023 24

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

M 1236.]

RETURN OF A BIRTH. 88228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st April 1897
4. *Place of Birth, (Street and Number)* 8 E Hart ave
5. *Full Name of Mother,* Sophia Lawyer
6. *Mother's Maiden Name,* Sophia Heaffy
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Lawyer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Doing well

8970002325

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 22d 1897
4. *Place of Birth, (Street and Number)* 589 N Gay street
5. *Full Name of Mother,* Anna F. Kirby
6. *Mother's Maiden Name,* Anna F Shuler
7. *Mother's Birthplace,* Carroll county Maryland
8. *Full Name of Father,* George M. Kirby
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Talbot county Maryland

Name of Medical Attendant, or other person who makes this Return, James A Whitelock MD

Address, 512 Aisquith Street

Remarks,

1897 00023 26

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nine

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23rd of April
4. Place of Birth, (Street and Number) 105 S. Schroeder St.
5. Full Name of Mother, Mary E. White.
6. Mother's Maiden Name, Mary L. Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph White
9. Father's Occupation Hack Driving
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Martha Hooper

Address, 23 N. Durham St.

Remarks, Nurse was doing well.

1897 0002327

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the
been conferred) its sex, color, the full name and occupation of its parents, the
said schedule shall be delivered, duly signed by the practitioner in the form of
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 6
4. *Place of Birth, (Street and Number)* 17 Hook St
5. *Full Name of Mother,* Jane Johnson
6. *Mother's Maiden Name,* Jane Brann
7. *Mother's Birthplace,* Accomake Co Virginia
8. *Full Name of Father,* Will Johnson
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Essex Co Virginia

Name of Medical Attendant, or other person who makes this Return, Juan Jwaku

Address, No 11 W York St

Remarks, Mann White

8970002328

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. #2232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* april 6
4. *Place of Birth, (Street and Number)* 519 X alley
5. *Full Name of Mother,* Maggie [illegible]
6. *Mother's Maiden Name,* Mabgie Parker
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Shirt cleaner
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 7 0 0 0 2 3 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82233

GIVEN NAME ADDED 6-1-54

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Harold ~~Kammen~~ Axtell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th 1897
4. Place of Birth, (Street and Number) 1436 W. Lanvale St
5. Full Name of Mother, Zamora Axtell
6. Mother's Maiden Name, Zamora Wood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fred S. Axtell
9. Father's Occupation Sec Fidelity Co
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Jas E. Gilbert M.D.

Address, 1102 W. Lafayette ave

Remarks,

1897 00 02330

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 of February
4. *Place of Birth, (Street and Number)* 522 Pacca alley
5. *Full Name of Mother,* Emma Jane [redacted] Staten
6. *Mother's Maiden Name,* Emma Jane Inevill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel H Staten
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Inskeep

Address, No 1 Wyak st Between Pac

Remarks, Free Tickle

1 8 9 7 0 0 0 2 3 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 23d 1897
4. *Place of Birth, (Street and Number)* No. 562 Fredrick Ave
5. *Full Name of Mother,* Mary Eber
6. *Mother's Maiden Name,* Mary ~~Michael~~ Michael
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Eber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Helena Thomas

Address, No. 512 Fredrick Ave. Annex

Remarks,

8970002332

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~614 Walker Street~~ April 23rd 1898
4. Place of Birth, (Street and Number) 614 Walker St.
5. Full Name of Mother, Bertie Foote
6. Mother's Maiden Name, Bertie Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alfred George Foote
9. Father's Occupation Waiter
10. Father's Birthplace, Harrisburg Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Druid St.

Remarks,

18970002333

month, and shall set forth as far as the same can be ascertained the following particulars, viz: the name of each child born (or if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 82237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* April 24 1897.
4. *Place of Birth, (Street and Number)* 1508 Vine street
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* Douglass.
7. *Mother's Birthplace,* Prince Geo. Co.
8. *Full Name of Father,* Sion Johnson
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* Centerville Md

Name of Medical Attendant, or other person who makes this Return, Isaac L. Jones

Address, 112 Saratoga St.

Remarks, Baltimore Md

8 9 7 U 0 0 2 3 3 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply With the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 4/28/97

RETURN OF A BIRTH. 85238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: RUTH IRENE CRUDDEN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 1897
4. Place of Birth, (Street and Number) 1116 N. Stricker St
5. Full Name of Mother, Irene Stearns Crudden
6. Mother's Maiden Name, " " Kemp
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, William Wallace Crudden
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. Gilbraith M.D.

Address, 1102 W. Lafayette ave

Remarks,

8 9 7 0 0 0 2 3 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE AMENDED
8-4-76 A-7.

RETURN OF A BIRTH.

82239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAMES LOUIS HILDEBRANDT

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 9

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Apr 28th 1897
4. Place of Birth (Street and Number) 1000 McCulloh St
5. Full Name of Mother Anna C. Hilderbrandt
6. Mother's Maiden Name " Hampel
7. Mother's Birthplace Balto City
8. Full Name of Father Charles Hildebrandt
9. Father's Occupation Marketing
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Yingling M.D.

Address 1222 Druid Hill Ave

Remarks

89700023336

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 81840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 16-97
4. *Place of Birth, (Street and Number)* Andes St 1310
5. *Full Name of Mother,* Martha Weindorf
6. *Mother's Maiden Name,* Bekendt
7. *Mother's Birthplace,* Mauenwerder Westpreußen
8. *Full Name of Father,* Paul Weindorf
9. *Father's Occupation* Steadore
10. *Father's Birthplace,* Ebenswalde Brandenburg

Name of Medical Attendant, or other person who makes this Return, Johanna Zeske

Address, Gay & Aisquith 1360

Remarks,

8970002337

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 822 41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Apr. 14/897.

4. Place of Birth, (Street and Number) 1122 N. Mount St

5. Full Name of Mother, Sarah Alice Lane

6. Mother's Maiden Name, Illegitimate

7. Mother's Birthplace, City

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. A. Stansbury M.D

Address, Ind. Homeopathic Hospital

Remarks,

8970002338

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Apl 17/97
4. *Place of Birth, (Street and Number)*	1243 Hanover St
5. *Full Name of Mother,*	Mrs Mary Flynn
6. *Mother's Maiden Name,*	Mary O'Hara
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Flynn
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ann Connor
Address,	1112 Hanover St
Remarks,	

1897 0002339

Wm. J. C. Dulany Co., City Printers and Stationers

FORM 1236]

RETURN OF A BIRTH. 8 & 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Apr. 18. 1897
4. *Place of Birth, (Street and Number)*	122 N. Mount St.
5. *Full Name of Mother,*	Mary Walker
6. *Mother's Maiden Name,*	Mary Smith.
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Frank Walker
9. *Father's Occupation*	Brakeman
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	A. D. S. Tansbury M.D.
Address,	Md. Homeopathy Hospital
Remarks,	

8970002340

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22-97
4. *Place of Birth, (Street and Number)*	568 Presstman
5. *Full Name of Mother,*	Maggie Grace Bowen McLaughlin
6. *Mother's Maiden Name,*	City
7. *Mother's Birthplace,*	Archibald Bowen
8. *Full Name of Father,*	Agentt for Md. Build + Loan Assn
9. *Father's Occupation*	Md,
10. *Father's Birthplace,*	Chas H Babcock
Name of Medical Attendant, or other person who makes this Return,	1928 Pennsa Ave
Address,	
Remarks,	

8970002341

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 22 1897
4. *Place of Birth, (Street and Number)* 1302 Smith's Alley
5. *Full Name of Mother,* Mrs Emma Jane Stewart Clarke
6. *Mother's Maiden Name,* Miss [illegible] Stewart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr Steve Clarke
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bradford County

Name of Medical Attendant, or other person who makes this Return. Mrs Cordelia Barnes

Address, 1010 N. Eutaw st.

Remarks,

1897 0002342

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 24/97. 613 Conway St
4. *Place of Birth, (Street and Number)*	613 Conway St
5. *Full Name of Mother,*	Agatha M. G. Everett
6. *Mother's Maiden Name,*	Agatha M. Grucan
7. *Mother's Birthplace,*	Baltimore. Md
8. *Full Name of Father,*	Thomas S. Everett
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore. Md
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox. M.D
Address,	1205 W Fayette Street
Remarks,	

8970002343

...shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 24. 1897
4. *Place of Birth, (Street and Number)*	Cuba St 1646
5. *Full Name of Mother,*	Riegina Phillips.
6. *Mother's Maiden Name,*	Riegina Villard
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Louis Phillips.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Balto

18970002344

Wm. J. C. Dulany Co., City Printers and Stationers

Which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained by the Commissioner of the births which have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 26 1897.
4. *Place of Birth, (Street and Number)*	1515 Baker st Rear.
5. *Full Name of Mother,*	Mary Ellen ~~McCarthy~~ McCarthy
6. *Mother's Maiden Name,*	Balto.
7. *Mother's Birthplace,*	Robert Ray
8. *Full Name of Father,*	Painter.
9. *Father's Occupation*	Baltimore Md
10. *Father's Birthplace,*	Charles St. Burbut.
Name of Medical Attendant, or other person who makes this Return,	1928 Penna. Ave.
Address,	
Remarks,	

1897 0002345

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 82249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 27 1897
4. Place of Birth, (Street and Number) 513 N. Lee st
5. Full Name of Mother, Maggie M. Leicht
6. Mother's Maiden Name, " " Hart
7. Mother's Birthplace, Cecil Co. Md
8. Full Name of Father, James Leicht
9. Father's Occupation Box-maker
10. Father's Birthplace, Leitzland Pa.

Name of Medical Attendant, or other person who makes this Return, Robt. P. F. Schleidt M.D.

Address, 1458 Division Av.

Remarks,

18970002346

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 the 1897
4. *Place of Birth, (Street and Number)* 422 Druid Hill Ave
5. *Full Name of Mother,* Rosie Kingwsky
6. *Mother's Maiden Name,* " Schwartz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Philip Kingwsky
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. J. Feldman

Address, 1018 E. Lombard St.

Remarks,

8970002347

Wm J. C. Dulany Co., City Printers and Stationers.

births and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th 1897
4. Place of Birth, (Street and Number) 1011 E. Lombard St
5. Full Name of Mother, Maggie Spears
6. Mother's Maiden Name, Maggie Spear
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Spear
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Feldmeier

Address, 1013 E. Lombard St

Remarks,

8 9 7 0 0 0 2 3 4 8

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 82252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	# 5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29 / 97
4. *Place of Birth, (Street and Number)*	Balto Md. 38 W West St
5. *Full Name of Mother,*	Matilda Feller
6. *Mother's Maiden Name,*	Thow
7. *Mother's Birthplace,*	Phila. Pa
8. *Full Name of Father,*	George. Feller
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	71 W Cross. st.
Remarks,	

1 8 9 7 0 0 0 2 3 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 82253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* April 29 1892.
4. *Place of Birth,* (Street and Number) No. 1742 E. Eager street
5. *Full Name of Mother,* Alice M. McMillan.
6. *Mother's Maiden Name,* Alice Parish
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James M. McMillan
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Jno. A. Olewell M.D.

Address, 1741 Harford ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 2 3 5 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 82254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) H

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 30 — 97

4. Place of Birth, (Street and Number) Sargent 1329

5. Full Name of Mother, Sadie Benson

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Virginia

8. Full Name of Father, Edwin G Benson

9. Father's Occupation Conductor

10. Father's Birthplace, Prince George Co

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N Gross st

Remarks,

8 9 7 0 0 0 2 3 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1, 1897 -
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Nettie Morris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, S. P. Sotani M.D.

Address, 622 W. Lombard St.

Remarks,

8970002352

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 1, 1897
4. *Place of Birth, (Street and Number)* 1039 S. Howard St.
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return A. P. Latané M.D.

Address, 622 W. Lombard St.

Remarks,

1897000023 53

Wm. J. C. Dulany Co., City Printers and Stationers.

A list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 1, 1897
4. Place of Birth, (Street and Number) 115 Vincent St.
5. Full Name of Mother, Jannie Jones
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. P. Latare M. D.

Address, 622 W. Lombard St.

Remarks,

8970002354

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 2, 1897
4. Place of Birth, (Street and Number) 618 Leider Al.
5. Full Name of Mother, Mary Berry
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. P. Lataré M.D.

Address, 622 W. Lombard St.

Remarks,

8970002355

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 3, 1897

4. Place of Birth, (Street and Number) 407 Hamburg St

5. Full Name of Mother, Margaret Bowden

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Latané M. D.

Address, 622 W. Lombard St

Remarks, 8970002356

Wm. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of its former (state whether male or female) its sex, color, the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule each and attendance of a physician or practitioner of midwifery, of the period above required, and third day of each and every month to the Commissioner of Health, in the form of a certificate between the first and shall occur without the mother, immediately thereafter it shall become the duty of the person who shall have the full name of each child, the date and place of birth of any child attendance upon birth to the Commissioner of Health, in the manner and provisions of this section shall be considered as child to report its persons who shall hereafter fail to comply with the provisions of this section shall be recovered as any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recovered. jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 822600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 3, 1897
4. Place of Birth, (Street and Number) 148 Henrietta St
5. Full Name of Mother, Lizzie Dashields
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M.D.

Address, 622 W. Lombard St

Remarks,

8 9 7 0 0 0 2 3 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 4th 97
4. *Place of Birth, (Street and Number)*	Md. White 115 W. Fontaine St.
5. *Full Name of Mother,*	Emma Mitchell
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin
Address,	Md.
Remarks,	

1 8 9 7 0 0 0 2 3 5 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 4, 1897
4. *Place of Birth, (Street and Number)* 517 S. Paca St.
5. *Full Name of Mother,* Lizzie Gladus
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. S. P. Lataré M.D.

Address, 622 W. Lombard St.

Remarks,

18970002359

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 4, 1897
4. Place of Birth, (Street and Number) Fahney al.
5. Full Name of Mother, Maria Hall
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Latané M.D.

Address, 622 N. Lombard St.

Remarks,

8970002360

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 4, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Annie Daniels
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Lataué M.D.

Address, 622 W. Lombard St.

Remarks,

8 9 7 U 0 0 2 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Eva Bush
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M. D.

Address, 622 W. Lombard.

Remarks,

8970002362

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 6, 1897
4. Place of Birth, (Street and Number) 47 Stockton Alley
5. Full Name of Mother, Irene Holmes
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M. D.

Address, 622 W. Lombard St.

Remarks,

8970002363

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black,

3. Date of Birth, Apr. 6th 97

4. Place of Birth, (Street and Number) Maltruts' 115 W. Fenland St.

5. Full Name of Mother, Rachel Brown

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. C. Austin

Address, Maltruts'

Remarks,

8 9 7 0 0 0 2 3 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 8, 1897
4. *Place of Birth, (Street and Number)* 908 W. Saratoga St
5. *Full Name of Mother,* Laura Luckette
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, S. P. Latané MD

Address, 622 W. Lombard

Remarks,

8970002365

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 8th 97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Helen Stodieks
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	D.C.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin
Address,	Maternity
Remarks,	

8970002366

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Negro
3. *Date of Birth,* April 9, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Ellen Green
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation* .....
10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M. D.

Address, 622 W. Lombard St.

Remarks, ...

8 4 7 0 0 0 2 3 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 9, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Matilda Ingrams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. P. Latané M.D.

Address, 622 W. Lombard

Remarks,

1897000023688

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 8227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, April - 9 - 97
4. Place of Birth, (Street and Number) Mt Hope Hosp
5. Full Name of Mother, Lizzie Mills
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Va
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Oscar Simpson

Address, Mt Hope Hosp

Remarks,

8 9 7 0 0 0 2 3 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 9, 1897
4. Place of Birth, (Street and Number) 816 Raborg St.
5. Full Name of Mother, Jane Bailey
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Lataré M.D.

Address, 622 W. Lombard

Remarks,

1897000002370

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 82274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct - 11 - 97
4. *Place of Birth, (Street and Number)* Mt Clair Hosp
5. *Full Name of Mother,* Anna Neal
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* md.
8. *Full Name of Father,* Emanuel
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Oscar Simpson Mt Clair Hosp

Address,

Remarks,

8 9 7 0 0 0 2 3 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practioner of attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 15, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Carrie Coaley
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M. D.

Address, 622 W. Lombard

Remarks,

8 9 7 0 0 0 2 3 7 2

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 13th '97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Jennie Scott
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. Claudius Maternity
Address,	
Remarks,	

8 9 7 0 0 0 2 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 14, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Alice Jackson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. P. Lataué M.D.

Address, 622 W Lombard.

Remarks,

8970002374

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 15th 97
4. *Place of Birth, (Street and Number)*	Malbrouts' 115 W Fontaine St
5. *Full Name of Mother,*	Ethel Boyd
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J Clinton Malbrouts
Address,	
Remarks,	

8970002375

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 18th 97
4. Place of Birth, (Street and Number) Maldrum's 115 W. Fairmount
5. Full Name of Mother, Pauline Story
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va.
8. Full Name of Father, ———
9. Father's Occupation ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return, J. C. Custer

Address, Maldrum's

Remarks, Twins

8 7 1 0 0 0 2 3 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82279½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 18th 97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Eutaw
5. *Full Name of Mother,*	Pauline Stern
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	Maternity
Remarks,	Twins

8 4 7 0 0 0 2 3 7 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 18th 97
4. *Place of Birth, (Street and Number)*	Maltrants' 115. W Lombard
5. *Full Name of Mother,*	Myrtle Stadden
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin
Address,	Maltrants'
Remarks,	

8 4 7 0 0 0 2 3 7 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Third~~ First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20, 1897.
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Alice Williamson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Satané M. D.

Address, 622 W. Lombard St

Remarks,

8 9 7 0 0 0 2 3 7 9

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Belle Purcella
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M.D.

Address, 622 W. Lombard St.

Remarks,

8970002380

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

82283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 21 97
4. *Place of Birth, (Street and Number)* Mt Luis Hosp
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* J Jones
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr Lumpkins

Address, Mt Luis Hosp

Remarks,

8 7 7 0 0 0 2 3 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 8.2284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) - Best -
3. Date of Birth, April - 22 - 97 -
4. Place of Birth, (Street and Number) Md Gen Hospital
5. Full Name of Mother, Lucy A Turner
6. Mother's Maiden Name, Sadie
7. Mother's Birthplace, Md -
8. Full Name of Father, Furniture
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Asst Surgeon Longshore
Md Gen Hospl

Address,

Remarks,

8 9 7 0 0 0 2 3 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 22, 1897
4. Place of Birth, (Street and Number) 897 Raborg St.
5. Full Name of Mother, Martha Tibbet
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. P. Latané M.D.

Address, 622 W. Lombard

Remarks,

1897000002383

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitnres are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 22, 1897
4. Place of Birth, (Street and Number) 920 Harmony Lane
5. Full Name of Mother, Annie Wood
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. P. Latané M.D.

Address, 622 W. Lombard

Remarks,

8 9 7 U 0 0 2 3 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 23, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Josephine Conrad
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. P. Labaré M. D.

Address, 622 W. Lombard St.

Remarks,

8970002385

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24, 1897
4. *Place of Birth, (Street and Number)* 652 W. German St
5. *Full Name of Mother,* Mrs. George Rinkewicz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. P. Latané M.D.

Address, 622 W. Lombard

Remarks,

1897000023 86

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 24, 1897
4. *Place of Birth, (Street and Number)* 666 Vine St.
5. *Full Name of Mother,* Katie Freeman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M.D.

Address, 622 N. Lombard

Remarks,

8970002387

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 83290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 25th 97
4. Place of Birth, (Street and Number) Maternity 115 W Fountain St.
5. Full Name of Mother, Virginia Adreon
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. C. Austin Maternity

Address,

Remarks,

8970002388

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Apr. 25th 97
4. *Place of Birth, (Street and Number)* Maternity 115 W. Lombard St.
5. *Full Name of Mother,* Liggie Kelly
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. Clausten

Address, Maternity

Remarks,

8970002389

Wm. J. C. Dulany Co., City Printers and Stationers.

Film C-499
CERTIFICATE AMENDED
MAR 9 '32 JC

RETURN OF A BIRTH. 82292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Madeline Cramer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apr. 26th 97
4. Place of Birth, (Street and Number)	Malbruits 115 W. Lombard St.
5. Full Name of Mother,	Dora Cramer
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. Clinton
Address,	Malbruits
Remarks,	

8 9 7 0 0 0 2 3 9 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27, 1897
4. *Place of Birth, (Street and Number)* 735½ W. Saratoga St
5. *Full Name of Mother,* Ethel Cowley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. P. Lataxé M.D.

Address, 622 W. Lombard

Remarks,

8970002391

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Apr. 27th 97
4. *Place of Birth, (Street and Number)*	Maternity 115 W Fayette
5. *Full Name of Mother,*	Lizzie Buckley
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin
Address,	Maternity
Remarks,	

8970002392

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27, 1897
4. *Place of Birth, (Street and Number)* 725 Raborg St
5. *Full Name of Mother,* Irene West
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. P. Lataré M.D.

Address, 622 W. Lombard

Remarks,

8 9 7 0 0 0 2 3 9 3

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Ella Clark
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. P. Latané M.D.

Address, 622 W. Lombard St.

67/0082594

...ctor and ordained that every person practicing midwifery in the City of ...charge or superintendence a birth shall hereafter take place, shall keep a true and correct ...and shall enter the same on blank schedule, to be furnished by the Commissioner of ... shall contain a list of the births which have occurred under his or her care during the ...rth as far as the same can be ascertained the full name of each child, (if any shall have ...x, color, the full name and occupation of its parents, the date and place of birth; and the ...delivered, duly signed by the practitioner in the form of a certificate between the first and ...d every month to the office of the Commissioner of Health. In case the birth of any child ...the attendance of a physician or practioner of midwifery, or should no other person be in ...e mother, immediately thereafter it shall become the duty of the person or parents of such ...rth to the Commissioner of Health, in the manner and within the period above required, and ...persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...ften (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 8229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82297

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* at 28-97
4. *Place of Birth, (Street and Number)* 1 Mid Eutaw Pl
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Oscar Kemp

Address, Mid Eutaw Pl

Remarks,

8970002395

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male + Female (Twins)
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 29, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Ada Crump
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D. P. Lataxé M.D.

Address, 622 W. Lombard

Remarks,

8 4 7 0 0 0 2 3 9 6

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Apr. 29th 97
4. *Place of Birth, (Street and Number)* Maternity 115 W. Lombard St.
5. *Full Name of Mother,* Lucy Phoenix
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. Austin Maternity

Address,

Remarks,

8 9 7 0 0 0 2 3 9 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. $2300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 30th '97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Lizzie Smith
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return	J. C. Linsley
Address,	Maternity
Remarks,	

8 9 7 0 0 0 2 3 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 82301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20 97

4. Place of Birth, (Street and Number) Bond Street Hosp

5. Full Name of Mother, Jennie Howard

6. Mother's Maiden Name, Doue

7. Mother's Birthplace, Md

8. Full Name of Father, unknown

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Grace Simpson

Address, Bond Street Hosp

Remarks,

8 9 7 0 0 0 2 3 9 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* April 20-97
4. *Place of Birth, (Street and Number)* Md Gen Hosp
5. *Full Name of Mother,* Charlotte Rich
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Chas Holmes
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Oscar Lamprecht

Address, Md Gen Hosp

Remarks,

8970002400

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 82303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th "

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30th 97
4. *Place of Birth, (Street and Number)* 628 N Fayette St.
5. *Full Name of Mother,* Mrs Pollock
6. *Mother's Maiden Name,* Mrs Brown
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm P Pollock
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Asst Simpson

Address, Mt Hope Hosp.

Remarks,

8970002401

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-9-58

RETURN OF A BIRTH. 82304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Georgia Anna ~~Stacum~~ Stacum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th April 1897
4. Place of Birth, (Street and Number) 181 Grindal St
5. Full Name of Mother, May Stacum
6. Mother's Maiden Name, Peirman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Stacum
9. Father's Occupation Waterman
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Fennell

Address, 650 E Fort ave

Remarks,

8 9 7 0 0 0 2 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 30th 1897
4. *Place of Birth, (Street and Number)*	835 Forrest St
5. *Full Name of Mother,*	Anna Kirwen
6. *Mother's Maiden Name,*	Anna Finegan
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Kirwen
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Annie O Brien
Address,	902 Greenmount ave
Remarks,	

8 9 7 0 0 0 2 4 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 30, 1897
4. Place of Birth, (Street and Number) 1029 Race Street
5. Full Name of Mother, Mary Hayes
6. Mother's Maiden Name, Mary Crowley
7. Mother's Birthplace, Ireland
8. Full Name of Father, James R. Hayes
9. Father's Occupation Teamster
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, 800 Leadenhall Street.

Remarks,

1897 00024 04

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82,307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth. (6½)

1. Sex, (state whether male or female) - Male.
2. Race or Color, (if not of the white race) - White.
3. Date of Birth, April. 30th 1897.
4. Place of Birth, (Street and Number) Garrison Lane & Lombard. Sts.
5. Full Name of Mother, Clara Miller,
6. Mother's Maiden Name, Clara Gutebrod,
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Chas. Miller.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Dr Frank H. Rudd. M.D.

Address, Lansdowne, Balt. County, Md.

Remarks,

8 7 7 0 0 0 2 4 0 5

Wm J C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82,308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30 /97
4. Place of Birth, (Street and Number) 607 South Ann St
5. Full Name of Mother, Annie Zyglewska
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Zyglewski
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Fochmal

Address, #1710 Alice Anna St

Remarks, full time

8970002406

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1897
4. *Place of Birth, (Street and Number)* 903 Myrtle Ave
5. *Full Name of Mother,* Catherine Love
6. *Mother's Maiden Name,* Catherine Loftus
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Andrew Somerfield Love
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Bernhard Vogel M.D

Address, 522 Teal St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8470002407

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 April
4. Place of Birth, (Street and Number) 160 Carburg st
5. Full Name of Mother, W Werner
6. Mother's Maiden Name, W Frank
7. Mother's Birthplace, Germany
8. Full Name of Father, Laborer G Werner
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Cross st

Remarks,

8970002408

Register or other officer, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April First 1897
4. Place of Birth, (Street and Number) 511 E Madison St
5. Full Name of Mother, Ida Young
6. Mother's Maiden Name, Ida Scott
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, John Young
9. Father's Occupation Drayman
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Anna O Dean

Address, 902 Greenmount ave

Remarks,

8 9 7 0 0 0 2 4 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Number of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 82312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 1st 97
4. *Place of Birth, (Street and Number)* 2039 E. Eager
5. *Full Name of Mother,* Mary E. Hornsberg
6. *Mother's Maiden Name,* " Hamilton
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John J. Hornberg
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8970002410

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 83,313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29 / 1
4. *Place of Birth, (Street and Number)* 605 S. Rose St.
5. *Full Name of Mother,* Clara Wattes
6. *Mother's Maiden Name,* Hauder
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Wattes
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 241 S Washington Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 2 4 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN Middle ADDED 5-16-52

RETURN OF A BIRTH. 82314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vernon Leroy ~~Percy~~ Bathell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2/97
4. Place of Birth, (Street and Number) 1621 Clarkson st
5. Full Name of Mother, Mary E. Bathell
6. Mother's Maiden Name, Mary E. Reinhart
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harrison R. Bathell
9. Father's Occupation Tin & Sheet Iron Workes
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary Bange

Address, 711 N. Broom st.

Remarks,

8970002412

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 823151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd 1897
4. *Place of Birth, (Street and Number)*	515 W. Barre St
5. *Full Name of Mother,*	Mary Ellen Brennan
6. *Mother's Maiden Name,*	Mary Ellen Weber
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Philip James Brennan
9. *Father's Occupation*	Chair Polisher
10. *Father's Birthplace,*	Philadelphia, Pa.
Name of Medical Attendant, or other person who makes this Return,	Mrs Baltus Bange
Address,	711 N. Gross St.
Remarks,	

8970002413

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 April
4. Place of Birth, (Street and Number) 919 Shark st.
5. Full Name of Mother, Minnie Charlotte Baker
6. Mother's Maiden Name, Grund
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Booker
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Mirsch

Address, 1005 Leadenhall Street

Remarks,

8970002414

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall occur in the City of Baltimore, shall be reported to the Commissioner of Health, on blanks, schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 April
4. *Place of Birth, (Street and Number)* 30 Poultney St Baltimore
5. *Full Name of Mother,* Maggie Gossman
6. *Mother's Maiden Name,* Maggie Gossman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Seberger
9. *Father's Occupation* Shoe Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

8470002415

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 82318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	April 3 1897
4. *Place of Birth, (Street and Number)*	J & H
5. *Full Name of Mother,*	Margaret Smith
6. *Mother's Maiden Name,*	" Bishop
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	E C Smith
9. *Father's Occupation*	waiter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin M D
Address,	J & H.
Remarks,	

1897 00024 16

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82,319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd April 92.
4. *Place of Birth, (Street and Number)*	301 Bentalou St
5. *Full Name of Mother,*	Ema Zintgraf
6. *Mother's Maiden Name,*	Ema Riker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward B. Zintgraf
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St
Remarks,	

8970002417

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 82320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 the 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 the 2 of April 1897

4. Place of Birth, (Street and Number) No 100 Dolphin Place

5. Full Name of Mother, Mary Taylor

6. Mother's Maiden Name, Mary Ryan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Taylor

9. Father's Occupation Clerk B. & P. Railroad

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. Ch. Lauer

Address, No 1054 Harlan Ave

Remarks, Bal. Md.

1897

8970002418

Wm. J. C. Dulany Co., City Printers and Stationers.

Before a birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twist
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wh
3. *Date of Birth,*	Apr 6th 1897
4. *Place of Birth, (Street and Number)*	1923 Sherwood Ave
5. *Full Name of Mother,*	Mrs Eva Shence
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Shence
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. F. O'Connor M.D.
Address,	Maternité 113 & 115 W. Lombard St
Remarks,	

1897000002419

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th, 1894.
4. Place of Birth, (Street and Number) Balt. Gen. Maternity
5. Full Name of Mother, Mollie Mc Bryde
6. Mother's Maiden Name, Mollie Mc Donald
7. Mother's Birthplace, Moore Co. N. Carolina.
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Henry J. Thicker M. D.

Address, Balt. Gen. Hosp.

Remarks,

8 9 7 0 0 0 2 4 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wh
3. *Date of Birth,*	Apr 9th 1897
4. *Place of Birth, (Street and Number)*	220 Skinners Alley.
5. *Full Name of Mother,*	Mrs Jennie Magolis
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Magolis
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	J. F. Chambers M. D.
Address,	Maternité 1815 W. Lombard St
Remarks,	

8970002421

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Apr. 4th/94
4. *Place of Birth, (Street and Number)*	#74 Cedar Ave
5. *Full Name of Mother,*	Agnes Kate Dolish Skipper
6. *Mother's Maiden Name,*	" " " Constantine
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eli Skipper Jr.
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. A. Fedderman M.D.
Address,	#102 Chestnut Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8470002422

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 83325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 4. (1.10. A. M.)
4. *Place of Birth, (Street and Number)* 1509 N. Bethel Street.
5. *Full Name of Mother,* Fannie Letourneau
6. *Mother's Maiden Name,* Turner
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* John Wesley Letourneau.
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. M. Kanne / for the

Address, Mothers Relief Society / 1712 Eutaw Place.

Remarks,

1 8 9 7 0 0 0 2 4 2 3

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 1111

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19
4. *Place of Birth, (Street and Number)* 2015 Gruse alley
5. *Full Name of Mother,* Katie Dewall
6. *Mother's Maiden Name,* Nelson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Dewall
9. *Father's Occupation* Molder
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington Ave.

Remarks,

8970002424

register of such birth, and shall enter the same on blanks furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12 1897
4. *Place of Birth, (Street and Number)* 1112 E Monument St
5. *Full Name of Mother,* Louisa Rainey
6. *Mother's Maiden Name,* Louisa Sterley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John T Rainey
9. *Father's Occupation* Wire Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie O'Brien

Address,

Remarks,

1897000 2425

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 82328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 April
4. *Place of Birth, (Street and Number)* 22½ Eaton Hall Lane
5. *Full Name of Mother,* Katharine Gerhring Bachmann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hans Gerhring
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Misnah

Address, 800 Meadenhall Street.

Remarks,

8970002426

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Di... City Printers and Stationers.

CERTIFICATE CORRECTED 9-26-58

RETURN OF A BIRTH. 82329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophie Verrill Watson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 5, 9 A.M. - 1897
4. Place of Birth, (Street and Number) 315 S. Dallas Street
5. Full Name of Mother, Liddy Catherine Watson, Helena
6. Mother's Maiden Name, Hess.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Stewart Charles Watson
9. Father's Occupation Brassfinisher.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kavanaugh for the

Address, Mothers Relief Society 1712 Eutaw Place.

Remarks,

8970002427

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

RETURN OF A BIRTH. 82330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 5. (6.30 P. M.).
4. *Place of Birth, (Street and Number)* 132 Leadenhall Court.
5. *Full Name of Mother,* Elisabeth Catherine Appel.
6. *Mother's Maiden Name,* Gintner
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Johann Heinrich Appel.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Fritzlar - Germany

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune (for the Mothers Relief Society)

Address, 1412 Eutaw Place.

Remarks,

1897 0 0 0 2 4 2 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Agnes Pelligan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth,* Apr 2 1897
4. *Place of Birth, (Street and Number)* 332 St Paul St.
5. *Full Name of Mother,* Mrs Thomas Pelligan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Thomas Pelligan
9. *Father's Occupation* Bootmaker
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, John F O'Connor M.D.

Address, Maternite 113 & 115 W. Lombard St.

Remarks,

8970002429

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 5th '97.

4. Place of Birth, (Street and Number) 634 Wayne St.

5. Full Name of Mother, Annie Young.

6. Mother's Maiden Name, " Gant.

7. Mother's Birthplace, Calvert Co., Md.

8. Full Name of Father, Isaac Young

9. Father's Occupation Laborer

10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. L. Buckholtz M.D.

Address, 643 State St.

Remarks,

1897 0002430

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5 97
4. Place of Birth, (Street and Number) 827 Chesapeake St.
5. Full Name of Mother, Louisa Weis Kittell
6. Mother's Maiden Name, " Heine
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. W. Weis Kittell
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Debenbrofft

Address, 241 S. Washington Ave

Remarks,

8970002431

Register of Births, and shall enter the same on blank schemes, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Raymond ~~Lawrence~~ Benson Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5, 1897
4. *Place of Birth, (Street and Number)* 723 E Biddle St.
5. *Full Name of Mother,* Louise Benson
6. *Mother's Maiden Name,* " Lawrence
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* ~~William~~ ~~Texas~~ Benson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Lt Neer

Address, 619 E Baltimore

Remarks,

1897 00 02432

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 82335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5 97
4. *Place of Birth, (Street and Number)* 1227 Reed St.
5. *Full Name of Mother,* Minnie Brewrith
6. *Mother's Maiden Name,* Rau
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Brewrith
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 241 S. Washington Ave

Remarks,

8 9 7 0 0 0 2 4 3

Register to be kept in each office, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male - George Robert Phillips
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Apr 6/97
4. *Place of Birth, (Street and Number)* #88 Cedar Ave
5. *Full Name of Mother,* Elizabeth Ann Phillips
6. *Mother's Maiden Name,* " Chalk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W.C. Phillips
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm A Fedderman M.D.

Address, #122 Chestnut Ave

Remarks. Full name of child added by father upon applying for a transcript Wm C Phillips father J. C. Wilson Reg.

8 4 7 0 0 0 2 4 3 4 Nov 13 - 1931

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Apr 7/97
4. *Place of Birth, (Street and Number)*	#2412 Hampden Ave
5. *Full Name of Mother,*	Alice V Shanklin
6. *Mother's Maiden Name,*	" " Burgan
7. *Mother's Birthplace,*	Balto Co. Md.
8. *Full Name of Father,*	H. J. Shanklin
9. *Father's Occupation*	Motor-man
10. *Father's Birthplace,*	Balto. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wm H Faddoreau M.D.
Address,	#102 Chestnut Ave
Remarks,	

18970002435

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 82338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7 April
4. *Place of Birth, (Street and Number)*	104 Eutaw St.
5. *Full Name of Mother,*	Lina Eisenbach
6. *Mother's Maiden Name,*	Lina Ydtel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Oscar Eisenbach
9. *Father's Occupation*	Music teacher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N Cross St
Remarks,	

8 9 7 0 0 0 2 4 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 82339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore City, whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th April
4. *Place of Birth, (Street and Number)*	713 Ramsay St Baltimore Md
5. *Full Name of Mother,*	Lydia Schmidt
6. *Mother's Maiden Name,*	Lydia Stolzenbach
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John August Schmidt
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Shrewsbury Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 W Cross st
Remarks,	

18970002437

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 82340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7 1897

4. Place of Birth, (Street and Number) No. 128 Harford ave. ext.

5. Full Name of Mother, Mary Stecker

6. Mother's Maiden Name, Mary Schmidt

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Henry Stecker

9. Father's Occupation Brewer.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno. A. Elwell M.D.

Address, 1741 Harford ave

Remarks,

8970002438

Wm. J. C. Dulany Co., City Printers and Stationers.

Attending Physician whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 82341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 8 - 1897
4. Place of Birth, (Street and Number) 10 N. Eden St
5. Full Name of Mother, Lena Wittman
6. Mother's Maiden Name, Bass.
7. Mother's Birthplace, Russia Konia State
8. Full Name of Father, Isaac Wittman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Konia

Name of Medical Attendant, or other person who makes this Return, H. Blinder M. D.

Address, 143 N. Grant St.

Remarks,

1897 0002439

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* 2 April .....
4. *Place of Birth, (Street and Number)* 124 E Oraw .....
5. *Full Name of Mother,* Gertrude Lee .....
6. *Mother's Maiden Name,* Gertrude Cadel .....
7. *Mother's Birthplace,* Baltimore .....
8. *Full Name of Father,* Freddy William Lee .....
9. *Father's Occupation* Baker .....
10. *Father's Birthplace,* Baltimore .....

Name of Medical Attendant, or other person who makes this Return, Miss Minnick .....

Address, 700 Leadenhall Street .....

Remarks, ...

8970002440

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births, and shall enter therein a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8. (3 o'clock P.M.)
4. Place of Birth, (Street and Number) 124. Roseland Ave.
5. Full Name of Mother, Elizabeth Jane Lay,
6. Mother's Maiden Name, Taylor.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert Fredrick Lay
9. Father's Occupation Salesman.
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, F. M. Kann (for the

Address, Mothers Relief Society 1412 Eutaw Place

Remarks,

8970002441

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Frederick Flentye, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8 '54
4. Place of Birth, (Street and Number) 1806 Rabterm Ave.
5. Full Name of Mother, Emilie Flentye
6. Mother's Maiden Name, " Bochm
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Flentye
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Rosenfofer

Address, 241 E Baltimore St.

Remarks, GIVEN NAME ADDED BY C.V. 2-10-54 L.M.

1897 0002442

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
Health. This schedule shall contain a list of the births
month, and shall set forth as far as the same can be ascer
been conferred; its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practit
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 82345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth. - Dorothy Burns

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 9, 1897
4. Place of Birth, (Street and Number) 128 N Oxford St
5. Full Name of Mother, Katharine L. Gilstead Burns
6. Mother's Maiden Name, Katharine L. Gilstead Shaykard
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, William Francis Burns
9. Father's Occupation, Salesman Tobacco Leaf Leaves
10. Father's Birthplace, Maryland Tex Leaves

Name of Medical Attendant, or other person who makes this Return, Harry Gross. M.D.

Address, 1304 S. Charles St.

Remarks, Full name of child added by mother upon applying for a transcript Feb-Mar 10-1927

Katharine L. Burns 443
(mother's signature)

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Jan 9"
4. Place of Birth, (Street and Number) 2145 Chilcoat Ave
5. Full Name of Mother, Mrs Caroline Ann Anderson " "
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard Anderson
9. Father's Occupation Telephone Co
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ullrich

Address, 11 N Carey St.

Remarks,

† 8970002444

Wm. J. C. Dulany Co., City Printers and Stationers

6

RETURN OF A BIRTH. 82347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7th 1897
4. *Place of Birth, (Street and Number)*	Morris St 2-12
5. *Full Name of Mother,*	matilda A Hillner
6. *Mother's Maiden Name,*	matilda A Meribpelt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William H Hillner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S R Clay
Address,	N 19-22 Milton Ave
Remarks,	

8970002445

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9 1902
4. Place of Birth, (Street and Number) 1229 E. Lee St.
5. Full Name of Mother, Annie Hagelgans
6. Mother's Maiden Name, Moll
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Peter Hagelgans
9. Father's Occupation Cracker Baker.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Detzenhofer

Address, 241 Washington St.

Remarks,

8 9 7 U 0 0 2 4 4 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth and the sex, color, the full name of each child, (if any shall have been conferred) its said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH P2349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 10th
4. *Place of Birth, (Street and No.)*	632 Orita Fremont st
5. *Full Name of Mother*	Tressa Schuler
6. *Mother's Maiden Name*	Tressa Zehr
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Henry Schuler
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss Bangs
Address,	711 N. Eutaw St
Remarks,	

8 7 7 0 0 0 2 4 4 7

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

GIVEN NAME ADDED 4-30-57

RETURN OF A BIRTH. 82350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Francis Leroy ~~Mitchell~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* It a Male
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* April 10 1897
4. *Place of Birth, (Street and Number)* 157 Hamburge Street Baltimore Md
5. *Full Name of Mother,* Emma E Mitchel
6. *Mother's Maiden Name,* Emma E Xander
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John T Mitchel
9. *Father's Occupation* Ice Driver
10. *Father's Birthplace,* Wayconky County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Barger

Address, 711 W. Cross St

Remarks,

8970002448

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 82357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born Saturday the 10th day of April 97
4. Place of Birth, (Street and Number) Baltimore Co. 23 w Lanvale
5. Full Name of Mother, Maggie A Ford
6. Mother's Maiden Name, Maggie Bowers
7. Mother's Birthplace, Canada Co. Ireland
8. Full Name of Father, Leslie E Ford
9. Father's Occupation Fireman
10. Father's Birthplace, Washington Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Carrollton

Remarks,

8970002449

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 10th 1897.
4. *Place of Birth, (Street and Number)*	717 Appleton St.
5. *Full Name of Mother,*	Catherine G. McCaw.
6. *Mother's Maiden Name,*	Catherine G Rohr.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Joseph C. McCaw.
9. *Father's Occupation*	Mechanic
10. *Father's Birthplace,*	Hanford Co Md
Name of Medical Attendant, or other person who makes this Return,	John T Pennington M.D.
Address,	1716 Linden Ave.
Remarks,	

1897000002450

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Louise Gerbert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of April 97.
4. *Place of Birth, (Street and Number)*	63 S Monroe
5. *Full Name of Mother,*	Sarah Gerber
6. *Mother's Maiden Name,*	Sarah Singer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alphon. H. Gerber
9. *Father's Occupation*	Graver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kemler Midwife
Address,	2116 W Pratt St.
Remarks,	4/20/54 GH

GIVEN NAME ADDED

1 8970002451

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ths which have occurred under his or her care during the
ascertained the full name of each child, (if any shall have
upation of its parents, the date and place of birth; and the
ractitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
it, shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. P2354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.te

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of April 97.
4. *Place of Birth, (Street and Number)* 2024 Wilhelm St.
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Marij Vogt
7. *Mother's Birthplace,* Germanij
8. *Full Name of Father,* Henrij H. Miller
9. *Father's Occupation* Saloonkeper
10. *Father's Birthplace,* Germanij

Name of Medical Attendant, or other person who makes this Return, Frederike Keiler Midwife

Address, 216 W. Pratt St.

Remarks,

1897000002452

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF BIRTH. 82355

GIVEN NAME ADDED, 7-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Blanche 6th McSherry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Apr. 11, 47
4. Place of Birth, (Street and Number) 623 Lafayette Ave.
5. Full Name of Mother, Mrs Chas. N. McSherry
6. Mother's Maiden Name, Mary V. Adams
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles N. McSherry
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, E. Aufmuth M.D.

Address, 2531 Penna. Ave

Remarks,

1897000 2453

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11. (10. 15. A. M.)
4. Place of Birth, (Street and Number) 810 E. Madison Street.
5. Full Name of Mother, Ada Luella Cole,
6. Mother's Maiden Name, Rutledge,
7. Mother's Birthplace, Harford Co.
8. Full Name of Father, Philip Henry Cole
9. Father's Occupation Laborer,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kenna / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

1897000 2454

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1 1897.
4. *Place of Birth, (Street and Number)* Balt. Lem Maternity
5. *Full Name of Mother,* Ella Branchamp
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Summerset Co. Md.
8. *Full Name of Father,* H. R. Wray
9. *Father's Occupation* Telegraph operator
10. *Father's Birthplace,* Summerset Co Md.

Name of Medical Attendant, or other person who makes this Return, Henry J. Hickey M.D.

Address, Balt Lem Hosp.

Remarks,

18970002455

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 April
4. *Place of Birth, (Street and Number)* 1017 Race Street
5. *Full Name of Mother,* Elizabeth Biemiller
6. *Mother's Maiden Name,* " Jordan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Biemiller
9. *Father's Occupation* Milk Business
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie

Address, 800 Leadenhall Street

Remarks,

1897000024566

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1897
4. *Place of Birth, (Street and Number)* 807 Woodford Ave
5. *Full Name of Mother,* Beretta McCorkick
6. *Mother's Maiden Name,* Cragill
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm F McCorkick
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M.D.

Address, 2429 East ave

Remarks,

+ 8970002457

Wm. J. C. Dulany Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 82360

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 11th 1897
4. Place of Birth (Street and Number) 1403. Ramsay St. Baltimore Md.
5. Full Name of Mother Sophia Yeager Blamey
6. Mother's Maiden Name Sophia Yeager
7. Mother's Birthplace Howard County. Maryland.
8. Full Name of Father Arthur Joseph Blamey.
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell M.D

Address 1702 W. Franklin St Baltimore Md.

Remarks

1897 0002458

1236.]

RETURN OF A BIRTH. 82361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11 1847
4. *Place of Birth, (Street and Number)* 7. St. St.
5. *Full Name of Mother,* Clara Flavin
6. *Mother's Maiden Name,* Clara Dillaway
7. *Mother's Birthplace,* W Va
8. *Full Name of Father,* Sidney Flavin
9. *Father's Occupation* Bydell worker
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, J H H

Remarks,

18970002459

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Apr. 11th 97
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Mrs. S. A. Thompson
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	S. A. Thompson
9. *Father's Occupation*	Physician
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J. C. Clinton
Address,	Maternity
Remarks,	

1897 0002460

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th of April 92.
4. *Place of Birth, (Street and Number)*	2153 W. Vine St.
5. *Full Name of Mother,*	Mina Steg
6. *Mother's Maiden Name,*	Mina Hagley
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Steg
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

18970002461

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8 S 364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of April 97.
4. *Place of Birth, (Street and Number)* E. Garrison Lane
5. *Full Name of Mother,* Kathe Mempel
6. *Mother's Maiden Name,* Kathe Benseler
7. *Mother's Birthplace,* Berlin
8. *Full Name of Father,* Louis Mempel
9. *Father's Occupation* Fruit Pigler
10. *Father's Birthplace,* Berlin

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 7 0 0 0 2 4 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. #2365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of April 97.
4. *Place of Birth, (Street and Number)*	2135 W Pine St.
5. *Full Name of Mother,*	Lena Haubt
6. *Mother's Maiden Name,*	Lena Steg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Haubt
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenler Midwife
Address,	2116 W Pratt St
Remarks,	

1897 0002463

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 82366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* White Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th
4. *Place of Birth, (Street and Number)* 1922 Washington St
5. *Full Name of Mother,* Mary Gunning
6. *Mother's Maiden Name,* Mary Turner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Gunning
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Bowe, Midwife

Address, 1922 E Fayette Street

Remarks,

8970002464

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 82367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	12th of April
4. *Place of Birth, (Street and Number)*	923 Burgundy Alley
5. *Full Name of Mother,*	Christina Dietz Stadt
6. *Mother's Maiden Name,*	Christina Dietz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam Stadt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Alice Bange
Address,	711 W. Cross st
Remarks,	

1897 0002465

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 82368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 12th 1897

4. Place of Birth, (Street and Number) 123 ½ Cross St

5. Full Name of Mother, Teresa Scherer

6. Mother's Maiden Name, Teresa Griesaber

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Augustus Scherer

9. Father's Occupation Plumber and Gas fitter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thos Bange

Address, 714 N. Cross st.

Remarks,

18970002466

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1897
4. *Place of Birth, (Street and Number)* 763 George St.
5. *Full Name of Mother,* Ida Bell Hill
6. *Mother's Maiden Name,* Ida Bell Gassaway
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Martin Hill
9. *Father's Occupation* Theatrical Stage Worker
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Burnham Vogel M.D.

Address, 522 Pearl St.

Remarks,

8 9 7 0 0 0 2 4 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 12 "
4. *Place of Birth, (Street and Number)* 120 S Sandtown Ave
5. *Full Name of Mother,* Mrs Helen Platt Jopp
6. *Mother's Maiden Name,* " " Platt
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Chas Jopp.
9. *Father's Occupation* Steam Fitter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, E. E. Cullen

Address, 11 N Carey St

Remarks,

8970002468

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Apr 13th 1897
4. *Place of Birth, (Street and Number)*	203 Eusbe Alley
5. *Full Name of Mother,*	Mrs Ella Perry
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	John F. O'Connor M.D.
Address,	Maternité 113 & 115 W. Lombard St
Remarks,	

1897 00024609

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Gordon Lee Sheeler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13, 1897.
4. Place of Birth, (Street and Number) Nr. 1702 E. Federal street
5. Full Name of Mother, Annie Sheeler
6. Mother's Maiden Name, Annie Harris
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm H Sheeler Jr.
9. Father's Occupation Conductor
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Edlewell M.D.

Address, 1741 Harford ave.

Remarks,

1897 00002470

Wm. J. C. Dulany Co., ... inters and Stationers.

RETURN OF A BIRTH. 82373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8 / 1897
4. *Place of Birth, (Street and Number)* 242 S. Wolfe St.
5. *Full Name of Mother,* Lina Loellner Reipert
6. *Mother's Maiden Name,* Balto.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Alex. Loellner
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Diebenhofer

Address, 241 S. Washington Ave

Remarks,

1897 0002471

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

82374

RETURN OF A BIRTH. 82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	13 April 97
4. *Place of Birth, (Street and Number)*	Gold St. 9 1/2
5. *Full Name of Mother,*	Agnes. Marska
6. *Mother's Maiden Name,*	? Phillips
7. *Mother's Birthplace,*	Poland Marska
8. *Full Name of Father,*	John Salawa
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Kaczko
Address,	662 S. Bon
Remarks,	8970002472

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of ...er whose charge or superintendence a birth shall ...more under birth, and shall enter the same on blank ...ster of such birth, shall contain a list of the births whi... ...lth. This schedule, shall contain as far as the same can be ascertai... ...th, and shall set forth as far as the full name and occupation ... conferred; its sex, color, the full name and occupation ... schedule shall be delivered, duly signed by the ... ...rd day of each and every month to the office of the Com... ...all occur without the attendance of a physician or practi... ...endance upon the mother, immediately thereafter it shall ... ...d to report its birth to the Commissioner of Health, in th... ...such person or persons who shall thereafter fail to comp... ...ed to the fine of ten (10) dollars for each offence, to be re... ...comply with the provisions of this section shall be sub... ...be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April the 14th 1896
4. *Place of Birth, (Street and Number)*	Stricker st # 214
5. *Full Name of Mother,*	Elizabeth Quaglia
6. *Mother's Maiden Name,*	Elizabeth Jordini
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Fr Buzzelli
9. *Father's Occupation*	Breakman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	# 1922 Watkins Ave
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0002473

RETURN OF A BIRTH. 82376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14 97
4. *Place of Birth, (Street and Number)* 11 3/4 South Dum St
5. *Full Name of Mother,* Agnes Andrejak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Andrejak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, # 1710 Alice Anna St

Remarks, Full Term

Wm. J. C. Dulany Co., City Printers and Stationers.

8970002474

same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

CERTIFICATE AMENDED

Film # C-496
6/28/76 - MDE

RETURN OF A BIRTH. 82377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	× 1512 N. Bruns St.
4. *Place of Birth, (Street and Number)*	The 14th Child
5. *Full Name of Mother,*	Maggie Schmidt
6. *Mother's Maiden Name,*	Maggie Heberlein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Schmidt
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Ch. Lauer
Address,	459 Harford Ave
Remarks,	Bal. Md. City Hy

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 7 0 0 0 2 4 7 5

...on blank schedule, to be furnished by the Commissioner of ... register of such birth, and shall enter the same on blank ... Health. This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 82378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14 1900
4. *Place of Birth, (Street and Number)* 211 S. Register St.
5. *Full Name of Mother,* Annie Hedfeld Schmidt
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. H. Herfeld Loberger
9. *Father's Occupation* Baltr.
10. *Father's Birthplace,* Wm. Dieterlofer

Name of Medical Attendant, or other person who makes this Return, 241 S Washington St

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0002476

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4 1897
4. *Place of Birth, (Street and Number)* 703 S. Wolf St.
5. *Full Name of Mother,* Martha Graham
6. *Mother's Maiden Name,* Westerman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Graham
9. *Father's Occupation* Police
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 41 S. Washington

Remarks,

1897 0002477

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each of the persons or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. # 2380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Carl Louis Fischbach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, 14 April 1897
4. Place of Birth, (Street and Number) 989 Leadenhall Street
5. Full Name of Mother, Katie Fischbach.
6. Mother's Maiden Name, " " Wisener.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Fischbach.
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Winch

Address, 800 Leadenhall Street.

Remarks, ...

1 8 9 7 0 0 0 2 4 7 8

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	J
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of April 97.
4. *Place of Birth, (Street and Number)*	2027 W. Pratt St.
5. *Full Name of Mother,*	Lice Kelley
6. *Mother's Maiden Name,*	Lice Wagemann
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James J. Kelley
9. *Father's Occupation*	Seltzmann
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

8 9 7 0 0 0 2 4 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82,382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUGUST O. ROBINSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14th, 1897
4. *Place of Birth, (Street and Number)*	1832 E Fayette Street
5. *Full Name of Mother,*	Mary Robinson ROBINSON
6. *Mother's Maiden Name,*	Mary Kaiser
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gus Robinson ROBINSON
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

1897 00002480

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
e ascertained the full name of each child, if any shall have
pation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15. 1897.
4. Place of Birth, (Street and Number) 25. N. Mount St.
5. Full Name of Mother, Eva Mack
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Philadelphia, Pa
8. Full Name of Father, Leopold Mack
9. Father's Occupation, Salesman
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return, Hugo F. Filippino

Address, 1815. W. Pratt St.

Remarks,

1897 00 02481

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15 1892.
4. *Place of Birth, (Street and Number)* No. 952 Fairmount Street
5. *Full Name of Mother,* Kate Buttner
6. *Mother's Maiden Name,* Kate Helbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Buttner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blewell, M.D.

Address, 1741 Harford ave.

Remarks,

8 4 7 U 0 0 2 4 8 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 82385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 15-97
4. Place of Birth, (Street and Number)	840 S. Pgrass
5. Full Name of Mother,	Mary Wright Ober Davis
6. Mother's Maiden Name,	Mary Wright Ober
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Peter Davis
9. Father's Occupation	Ice Business
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Lamy Boyd
Address,	677 Columbia ave
Remarks,	

1897 00002483

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 82386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 April
4. Place of Birth, (Street and Number) 537 S. Broadway
5. Full Name of Mother, Lydia Stolle
6. Mother's Maiden Name, Lydia Gebhard
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Stolle
9. Father's Occupation Backer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gwynn st

Remarks,

18970002484

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-9-63

RETURN OF A BIRTH. 8 2 387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Rose

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15 1897
4. Place of Birth, (Street and Number) 3035 E Eliott St
5. Full Name of Mother, Martha Rose
6. Mother's Maiden Name, Martha Lansdale
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick Rose
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Jennie Williams

Address, 524 Canton Ave

Remarks,

1897 00 02485

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 82388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 8th.

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* The 15 of April 80.
4. *Place of Birth,* (*Street and Number*) 1822 N Bethel St.
5. *Full Name of Mother,* Alice Piracy
6. *Mother's Maiden Name,* Alice Price
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Samuel Piracy
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Wm. Eh. Davis

Address, 1609 Harford Ave Bal. Md

Remarks, 1877.

8477000 2486

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* March 15 1897
4. *Place of Birth, (Street and Number)* 113 Caulton Ave.
5. *Full Name of Mother,* Lena Abbotts
6. *Mother's Maiden Name,* Lena Dulaney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Abbotts
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary L Draper

Address, 811 Caulton Ave

Remarks,

† 8 9 7 0 0 0 2 4 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 82390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 15 1897
4. *Place of Birth, (Street and Number)*	~~St~~ J H H
5. *Full Name of Mother,*	Ethel Wysong
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Clyde Brown
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin M D
Address,	J H H
Remarks,	

S 4 7 0 0 0 2 4 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336]

RETURN OF A BIRTH. 82391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 16. (5 30. P. M.)
4. Place of Birth, (Street and Number) 1705 Mosher Street,
5. Full Name of Mother, Millie Klara Trimble
6. Mother's Maiden Name, Roth,
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Charles Glenn Trimble,
9. Father's Occupation Carpenter.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne,

Address, 1412 Eutaw Place

Remarks,

18970002489

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336]

RETURN OF A BIRTH. 82392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 16 / 9. P. M. /
4. *Place of Birth, (Street and Number)* 937 Forest Street.
5. *Full Name of Mother,* Lotane Leontine Hinkel,
6. *Mother's Maiden Name,* Ellis,
7. *Mother's Birthplace,* Balto. Md.,
8. *Full Name of Father,* Heinrich Johann Hinkel
9. *Father's Occupation* Electrician/worker/.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. M. Kamm / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

1897000002490

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1o

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th April 1897
4. *Place of Birth, (Street and Number)* 303 E Fort ave
5. *Full Name of Mother,* Catherine Stevens
6. *Mother's Maiden Name,* Lawlas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John E Stevens
9. *Father's Occupation* undertaker
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gyswell

Address, 605 E Fort ave

Remarks,

1897 00002491

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 April 97
4. *Place of Birth, (Street and Number)* Lancaster 1716
5. *Full Name of Mother,* Ludwiga Holkoski
6. *Mother's Maiden Name,* " Saleski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Hoskoski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kuchka

Address, 602 S. Bond St.

Remarks,

1897U002492

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of April 97.
4. *Place of Birth, (Street and Number)*	429 Parish St.
5. *Full Name of Mother,*	Kathe Wietrzichowski
6. *Mother's Maiden Name,*	Kathe Kudwig
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Friederich Wietrzichowski
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keules Midwife
Address,	216 W Pratt St
Remarks,	

1897000024933

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17/97
4. Place of Birth, (Street and Number) 1726 Alice Anna St
5. Full Name of Mother, Minnie Lorch
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Aspen Lorch
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Minnie Rochmond

Address, #1710 Alice Anna St

Remarks, Full Time

1897 U 0002494

Wm. C. Dulany Co., City Printers and Stationers.

The Registrar of Vital Statistics, in the City of Baltimore, to whom the birth of a child is to be reported, and who shall enter the same in the register of such births, and shall enter his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. This schedule shall contain a list of the births which have occurred under his or her care during the any such person or persons who shall hereafter fail

RETURN OF A BIRTH. 82397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17 / 97
4. Place of Birth, (Street and Number) 118 Canton Ave
5. Full Name of Mother, Plagia Roger
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Roger
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, 1710 Aliceanna St

Remarks, Full Time

1897 0002495

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17 1919
4. *Place of Birth, (Street and Number)* 2428 Biddle St.
5. *Full Name of Mother,* Ella Emminizer
6. *Mother's Maiden Name,* " Perrey
7. *Mother's Birthplace,* Virginia King. (Ches. Co.)
8. *Full Name of Father,* Thomas Emminizer
9. *Father's Occupation* Capatain
10. *Father's Birthplace,* Eastern Shore. (Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Duvenhofer

Address, 241 S Washington St

Remarks,

8470002496

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 April
4. *Place of Birth, (Street and Number)* 716 S. Broad Str. (726)
5. *Full Name of Mother,* Hedwig Paetzold
6. *Mother's Maiden Name,* Krauss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Paetzold
9. *Father's Occupation* Machinery
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pretl.

Address, 838 S. Broadway (C.P.) Balto. Ind.

Remarks, City

18970002497

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 12-3-62

RETURN OF A BIRTH. 82,400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18th of April 97.
4. Place of Birth, (Street and Number)	2012 W. Henry St
5. Full Name of Mother,	Ida Steinreich
6. Mother's Maiden Name,	Ida Fischermann
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Henry Steinreich
9. Father's Occupation	Tayler
10. Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

1897U0002498

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 18 / 99

4. *Place of Birth, (Street and Number)* 109 N. Montford Ave.

5. *Full Name of Mother,* Louise Wilhelm

6. *Mother's Maiden Name,* Henkel

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Howard Wilhelm

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Dieffenderfer

Address, 241 S Paca

Remarks,

18970002499

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

RETURN OF A BIRTH. 82402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7. Be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~11th~~ April 18 / 8. oclock A. M. /
4. Place of Birth, (Street and Number) 811. W. West Street.
5. Full Name of Mother, Annie Catherine Pring,
6. Mother's Maiden Name, Kaufman
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Henry Pring
9. Father's Occupation Tinner
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne / for the

Address, Women Relief Society / 1412 Eutaw Place.

Remarks,

1897 0002500

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82403

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th April, 1897.
4. *Place of Birth (Street and Number)* 1049 Harford Ave.
5. *Full Name of Mother* Emma Linda Cary.
6. *Mother's Maiden Name* Emma Theresa Cecelia.
7. *Mother's Birthplace* Baltimore, Maryland
8. *Full Name of Father* Owen Francis Cary
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return. Chas. Kelso Carnahan

Address 1049 Hoffman Street

Remarks Doing well.

B 97 0002501

RETURN OF A BIRTH. 82,404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 April
4. Place of Birth, (Street and Number) Gold St. 925
5. Full Name of Mother, Mary Spechach
6. Mother's Maiden Name, " Zmeskei
7. Mother's Birthplace, Poland
8. Full Name of Father, John Spechach
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Rich M.D.

Address, 602 S. Broadway St.

Remarks,

18700025 02

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

No. 123

RETURN OF A BIRTH. 82,405

GIVEN NAME ADDED. 3-23-65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Albert George Hesse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 1892
4. Place of Birth, (Street and Number) No. 1605 N. Patterson Park ave.
5. Full Name of Mother, Rosa Gu. Hesse
6. Mother's Maiden Name, Rosa Gu. Wentzkamp
7. Mother's Birthplace, Maryland.
8. Full Name of Father, George P. Hesse
9. Father's Occupation Harness Maker.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Augs. A. Elsewell, M.D.

Address, 1241 Hanford ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 2 5 0 3

Every birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall set forth as far as the same can be ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 18
4. *Place of Birth, (Street and Number)*	2129 Hickens Str
5. *Full Name of Mother,*	Mrs Annie Conner King
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John King
9. *Father's Occupation*	Bakershaw
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	E. E. Cullenbine
Address,	11 N Carey St.
Remarks,	

1897 0002504

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore City, to wit: Any person who shall neglect or refuse to register a birth shall forfeit and pay a fine not exceeding fifty dollars, and any person having charge of such birth shall become liable to the penalty above prescribed, unless he shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 82407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 17th 1897.
4. Place of Birth, (Street and Number) 417 N. Pattison Park Ave.
5. Full Name of Mother, Catherine L. Church.
6. Mother's Maiden Name, Catherine C. Mayer
7. Mother's Birthplace, Rochester N. Y.
8. Full Name of Father, Walter H. Church
9. Father's Occupation Book Keeper.
10. Father's Birthplace, Augusta, Maine

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Creegy

Address, 2225 Bank St.

Remarks, Cy

8970002505

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such Births, and shall enter the same on blanks supplied to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19 97
4. Place of Birth, (Street and Number) 4229 South Regester St
5. Full Name of Mother, Mary Zabrocka
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Alexander Zabrocki
9. Father's Occupation Laborer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Annie Prochnal

Address, # 1710 Alice Anna St

Remarks, Full Time

1897000250 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17 / 11
4. *Place of Birth, (Street and Number)* # 1911 Three Lima St City
5. *Full Name of Mother,* Sofpia Kukelska
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Stepen Kukelski
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, 1910 Three Lima St

Remarks, Full Term

1897000002507

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Roy Truetson ~~Youngren~~ 6 ch

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, apr. 19/97
4. Place of Birth, (Street and Number) 1326 N. Fulton Ave.
5. Full Name of Mother, ~~Ida Tuttle~~ m C. L. Youngren
6. Mother's Maiden Name, Ida Tuttle
7. Mother's Birthplace, Kansas
8. Full Name of Father, C. L. Youngren
9. Father's Occupation Surveyor
10. Father's Birthplace, ~~Sweden~~

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, GIVEN NAME ADDED 5-28-53 2534 Pennsa. Ave

Remarks, L.M

8970002508

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19/57
4. Place of Birth, (Street and Number) 539 Lemon St
5. Full Name of Mother, Emma Applebee
6. Mother's Maiden Name, Duffy
7. Mother's Birthplace, Va
8. Full Name of Father, Ellsworth Applebee
9. Father's Occupation, Clerk
10. Father's Birthplace, Howard Co MD

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Harper

Address, 724 Hollins St

Remarks,

8 9 7 0 0 0 2 5 0 9

Rules.—Every midwife who shall attend upon the birth of a child shall, within ten days after the same, fill up a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 82 412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 19/82
4. *Place of Birth, (Street and Number)* 109 dr Lafayette st
5. *Full Name of Mother,* Mary Carey
6. *Mother's Maiden Name,* Daly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Carey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hagan

Address, 924 Hollins st

Remarks,

8970002510

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 82413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 April
4. Place of Birth, (Street and Number) Shakspear Ste. 1653
5. Full Name of Mother, Mary Nowacky
6. Mother's Maiden Name, Jadras
7. Mother's Birthplace, Pole
8. Full Name of Father Wenceslaus Nowacky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Gretl.

Address, 838 S. Bond Ste.

Remarks, Balto. Md. City

8970002511

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. 82414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 1, 1897.
4. Place of Birth, (Street and Number) 2227 Jefferson Place.
5. Full Name of Mother, Dora White.
6. Mother's Maiden Name, Appleby.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles White.
9. Father's Occupation Conductor Electric Cars.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 2 5 1 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained by the Commissioner of Health, the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 1, 1897.
4. *Place of Birth, (Street and Number)* 295 — Hickory ave.
5. *Full Name of Mother,* Sarah Lehr.
6. *Mother's Maiden Name,* Groves.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* George Lehr.
9. *Father's Occupation* Baker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 2 5 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8/17/65

M 1236.]

RETURN OF A BIRTH. 82416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ALLAN LUTHER DELL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 1, 1877.
4. Place of Birth, (Street and Number) 117 Hillsdale ave.
5. Full Name of Mother, Rosa J. Dell.
6. Mother's Maiden Name, Ruby.
7. Mother's Birthplace, Md.
8. Full Name of Father, John T. D. Dell.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 7 7 0 0 0 2 5 1 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1 1897
4. *Place of Birth, (Street and Number)* 541 Fallsroad
5. *Full Name of Mother,* Martha M Johnson
6. *Mother's Maiden Name,* Ford
7. *Mother's Birthplace,* Md Hall Town
8. *Full Name of Father,* Charles E Johnson
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Hart Co Kentucky

Name of Medical Attendant, or other person who makes this Return,

Address, Mt Washington

Remarks, Informant resides Jones Falls City

18970002515

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 82418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2 1897
4. *Place of Birth, (Street and Number)* 261 Fait Ave
5. *Full Name of Mother,* Frances Schanill
6. *Mother's Maiden Name,* Frances Vegova
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Valentine Schanill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant or other person who makes this Return, Maria A Beyer

Address, 721 S. Ann St

Remarks,

8470002516

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 82419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2nd March
4. Place of Birth, (Street and Number) 1000 E Monument St
5. Full Name of Mother, Barbara Dawson
6. Mother's Maiden Name, Barbara Hack
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Davis Dawson
9. Father's Occupation Superintendent
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Reid Mitchell

Address, 1617 E Eager St.

Remarks,

8970002517

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d -

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, April 30.
4. Place of Birth, (Street and Number) Columbia Ave near (Washington Road & Ry Lane)
5. Full Name of Mother, Mary Flaig
6. Mother's Maiden Name, Miller.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Lewis Flaig,
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, Dr. H. Edwards Jr.

Address, 721 Columbia Ave.

Remarks,

8970002518

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED - 1/7/69

RETURN OF A BIRTH. 82421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EMMA MAEBELLE ~~MISAL~~ MISAL

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Female.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, April 3, 1894.
4. *Place of Birth*, (*Street and Number*) 61 Druid ave.
5. *Full Name of Mother*, Katie Virginia Misal
6. *Mother's Maiden Name*, Shoemaker.
7. *Mother's Birthplace*, Md.
8. *Full Name of Father*, Frederick Misal.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace*, Md.

Name of Medical Attendant, or other person who makes this Return, Chas A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 2 5 1 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in person or by mail to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. 82422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 3, 1897.
4. Place of Birth, (Street and Number) 3432 Chestnut ave.
5. Full Name of Mother, Magdalena Carroll.
6. Mother's Maiden Name, Lucille.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Carroll.
9. Father's Occupation Foreman of Laborers.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

1897 0003520

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall be the duty of the Commissioner of Health, or should no other person be in child to report its birth to the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten ($10) dollars for each offence, to be recoverable.

M 1236.]

RETURN OF A BIRTH. 82423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4th April
4. *Place of Birth, (Street and Number)* 1303 E Eager St
5. *Full Name of Mother,* Katura Neuhauer
6. *Mother's Maiden Name,* Katura Neuberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Neuhauer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J Byrd Medwin

Address, 1417 E. Eager St.

Remarks,

8970002521

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Hickman Spence Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 4th 1897
4. Place of Birth, (Street and Number)	726 N. Wolff St
5. Full Name of Mother,	Mary Spence Thomas
6. Mother's Maiden Name,	Baltimore
7. Mother's Birthplace,	Md
8. Full Name of Father,	Joseph H. Spence
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. Dabney M.D.
Address,	Johns Hopkins Hospital, Baltimore, Md.
Remarks,	

1897 0 0 0 2 5 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-9-56

RETURN OF A BIRTH. 82425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen A. Arnold

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 6th 1897
4. Place of Birth, (Street and Number) 1702 Lorman St
5. Full Name of Mother, Annie C Arnold
6. Mother's Maiden Name, Annie C Michaels
7. Mother's Birthplace, Balto County
8. Full Name of Father, John W. Arnold
9. Father's Occupation, Dairy Business
10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return, C. Frank Jones M.D.

Address, 1336 N. Gilmor St

Remarks,

1 8 9 7 0 0 0 2 5 2 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 6th 1897
4. *Place of Birth, (Street and Number)* 237 N. Appleton St
5. *Full Name of Mother,* Mary B. Baerschmidt
6. *Mother's Maiden Name,* Mary B. Benetkinger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George L. Baerschmidt
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Leddy

Address, 1004 W Lexington St

Remarks,

1897 0002524

register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 83427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 6th. 1897
4. Place of Birth, (Street and Number) No 700 Ramsey St
5. Full Name of Mother, Louisa Zies,
6. Mother's Maiden Name, Spoer,
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Charles A. Zies,
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Louis E. Dendrick, M.D.

Address, 721 Columbia ave.

Remarks,

8970002525

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85 458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 823 Granby st. April 6th 1895
4. *Place of Birth, (Street and Number)* 823 Elsranby st.
5. *Full Name of Mother* Barbara Sifel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace* Europe
8. *Full Name of Father* Alois Sifel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897000025 26

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th 1897
4. *Place of Birth, (Street and Number)* 1117 E. Baltimore st.
5. *Full Name of Mother,* Jennie Sherman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Jacob Sherman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Edelor st.

Remarks,

1897000 2527

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 97
4. *Place of Birth, (Street and Number)* 1326 Hillman Ct.
5. *Full Name of Mother,* M. F. Hughes
6. *Mother's Maiden Name,* M. F. Ocho
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Michael J. Hughes
9. *Father's Occupation* Patrolman
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson

Address, 1924 E. Preston St

Remarks,

1897 002528

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82431

GIVEN NAME ADDED. 9/19/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Creston Robert Supplee Beary

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 6, 1897.
4. Place of Birth, (Street and Number) 283 Cedar ave.
5. Full Name of Mother, Cassandra May Beary.
6. Mother's Maiden Name, McKnight.
7. Mother's Birthplace, Ind.
8. Full Name of Father, William Edward Beary.
9. Father's Occupation Steamfitter.
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1897000 2529

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 1th 1897
4. Place of Birth, (Street and Number) 823 Granby st.
5. Full Name of Mother, Mary Ballatash
6. Mother's Maiden Name,
7. Mother's Birthplace Europe
8. Full Name of Father, John Ballatash
9. Father's Occupation Labor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return Mrs. M. Bernstein

Address, 122 S. Edelen st

Remarks,

1897000 2530

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of April
4. Place of Birth, (Street and Number) 1419 N. Calhoun St
5. Full Name of Mother, Florence Camilia Thomas
6. Mother's Maiden Name, " " Hohman
7. Mother's Birthplace, Lebanon Co Pa
8. Full Name of Father, Howard Parker Thomas
9. Father's Occupation Carpenter Sash Door & Blind Work
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs M. R. Ladley

Address, 1004 W Lexington St

Remarks,

1897 U 00253 1

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 82434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 9th, 1897
4. *Place of Birth (Street and Number),* 410 Hoffman Street, West
5. *Full Name of Mother,* Brenda Hammett
6. *Mother's Maiden Name,* Brenda Evans
7. *Mother's Birthplace,* Hot Room
8. *Full Name of Father,* William Hammett
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* St. Mary's County

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

This Schedule Shall Contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

1897 0002532

GIVEN NAME ADDED 4-29-59

RETURN OF A BIRTH. 82435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Townley Thomas Webster

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 no.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 10th 1917
4. Place of Birth, (Street and Number) 2516 Fontaine Street
5. Full Name of Mother, Alberta Webster
6. Mother's Maiden Name, " La Fontaine
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Daniel Webster
9. Father's Occupation motorman
10. Father's Birthplace, Prince George's Co. Md

Name of Medical Attendant, or other person who makes this Return, E. G. Shower, M. D.

Address, 1227 W. North ave.

Remarks,

1897000 2533

Wm. J. C. Dulany Co., City Printers and Stationers.

The attending physician or midwife shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 82436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, April 11, 1897.
4. Place of Birth, (Street and Number) 559 Hemyman's ave.
5. Full Name of Mother, Effie May Mochen.
6. Mother's Maiden Name, Pride.
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph George Mochen.
9. Father's Occupation Cab-grinder.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Elbert A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

8970002534

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1897
4. *Place of Birth, (Street and Number)* Mary St. Clifton near Patterson
5. *Full Name of Mother,* Augustina Wilhelmina Gettier
6. *Mother's Maiden Name,* " " Kreafle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles R. Gettier.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace,* Manchester, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. G. Shower, M.D.

Address, 1224 W. North ave.

Remarks,

1897 0002535

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male - Emanuel Miller
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1897
4. Place of Birth, (Street and Number) 831 N. Carolina St
5. Full Name of Mother, Bell Miller
6. Mother's Maiden Name, Bell Schaer
7. Mother's Birthplace, Russia
8. Full Name of Father, Abe Miller
9. Father's Occupation Carpenter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg

Address, 25 Lloyd St

Remarks, Full name added by father upon applying for a transcript. J. Miller Father J.E. Weber - Birth Clerk

1897 0002536

December 22-1931

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 82439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12 1897

4. Place of Birth, (Street and Number) 1715 Allegheny Street

5. Full Name of Mother, Valentina Borshukofska

6. Mother's Maiden Name, " Berchet

7. Mother's Birthplace, Germany

8. Full Name of Father, Julian Borshukofska

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maria Dufier

Address, 721 S. Ann Street

Remarks,

1897 00 02537

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th & 9th.

1. *Sex, (state whether male or female)* Females.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* April 12, 1897.
4. *Place of Birth, (Street and Number)* 416 W. 25th st.
5. *Full Name of Mother,* Emma Hanlon.
6. *Mother's Maiden Name,* McGee.
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* John Hanlon.
9. *Father's Occupation* Railroader.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 271 Chestnut ave.

Remarks,

8 4 7 0 0 0 2 5 3 8

Health. This schedule shall contain a list of the births which have occurred under his or her cognizance during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 82441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 13, 1897.
4. Place of Birth, (Street and Number) 3090 Cedar ave.
5. Full Name of Mother, Agnes Erlinda Pelett.
6. Mother's Maiden Name, Lewis.
7. Mother's Birthplace, Md.
8. Full Name of Father, James W. Pelett.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 2 5 3 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 82442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 1897
4. Place of Birth, (Street and Number) 115 S. Ann St
5. Full Name of Mother, Katherine Jankavich
6. Mother's Maiden Name, Katherine Dokopski
7. Mother's Birthplace, Germany
8. Full Name of Father, Franz Jankavich
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maria Bayer

Address, 721 S. Ann St

Remarks,

1897000 2540

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14th 1897
4. *Place of Birth, (Street and Number)* 1512 E. Pratt
5. *Full Name of Mother,* Margaret E. Hargrove
6. *Mother's Maiden Name,* Dempsey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Hargrove
9. *Father's Occupation* Brick layer
10. *Father's Birthplace,* Hamilton, Province Canada

Name of Medical Attendant, or other person who makes this Return, Wm. McDaniel M.D.

Address, Johns Hopkins Hospital, Balt. Md.

Remarks,

8 9 7 0 0 0 2 5 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 14th 1897
4. *Place of Birth, (Street and Number)* 13 N. Eden st.
5. *Full Name of Mother,* Esther Levy
6. *Mother's Maiden Name,* Millet
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Simon Levy
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st

Remarks,

1897000 2542

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1336]

RETURN OF A BIRTH. 82445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female. male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 13 April 1892.
4. Place of Birth, (Street and Number) 1249 Canton Street.
5. Full Name of Mother, Julie Grabowski
6. Mother's Maiden Name, Jula Stopki
7. Mother's Birthplace, Germany.
8. Full Name of Father, Valentin Grabowski.
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. E. Liessmann.

Address, 2922 Elliott Street.

Remarks,

1897000 2543

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH. 82446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15th March
4. *Place of Birth, (Street and Number)* 926 N Caroline St.
5. *Full Name of Mother,* Annie McGlone
6. *Mother's Maiden Name,* Annie Collins
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* William McGlone
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Linth Medwife

Address, 1417 E Eager St.

Remarks,

1897 0002544

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 1897
4. Place of Birth, (Street and Number) 239 S. Castle St.
5. Full Name of Mother, Mary E. Cobourn
6. Mother's Maiden Name, " " Baldwin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm J Cobourn
9. Father's Occupation Cabinet maker
10. Father's Birthplace, New Orleans La.

Name of Medical Attendant, or other person who makes this Return, Wm McDaniel, M.D.

Address, Johns Hopkins Hospital, Balt. Md.

Remarks,

8 9 7 0 0 0 2 5 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FM 1336]

RETURN OF A BIRTH. 82448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17th April 1897.
4. Place of Birth, (Street and Number) 2414 Forster Avenue.
5. Full Name of Mother, Maxi Fischel
6. Mother's Maiden Name, Maxi Dierkfuss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henri Fischel.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Siersemann

Address, 2922 Elliott street.

Remarks,

8970002546

register of such births, and shall enter the same on plain schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 18. 1897.
4. Place of Birth, (Street and Number) 3078 Cedar ave.
5. Full Name of Mother, Rena Rolen.
6. Mother's Maiden Name, Lloyd.
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Jefferson Davis Rolen.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970002547

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th
4. *Place of Birth, (Street and Number)* 540 S Fort Ave
5. *Full Name of Mother,* Mary L Riley
6. *Mother's Maiden Name,* Mary L Fay
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Riley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan A Delany

Address, 540 S Clement St

Remarks,

1897 0002548

Wm. J. C. Dulany Co., City Printers and Stationers

Register. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, # 1902 Alice Anna St Maryland -
4. Place of Birth, (Street and Number) April 19/97
5. Full Name of Mother, Mary Krucha
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Edward Krucha
9. Father's Occupation Oyster Shoter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Annie Grochowal

Address, #1710 Alice Anna St

Remarks, Full time

1897000 2549

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Apr 19 1897
4. *Place of Birth, (Street and Number)*	5 H H
5. *Full Name of Mother,*	Rana Dickett
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Robert Conway
9. *Father's Occupation*	?
10. *Father's Birthplace,*	?
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin MD
Address,	J H H
Remarks,	

1897 0 0 0 5 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26-97
4. Place of Birth, (Street and Number) Md Gen'l Hosp
5. Full Name of Mother, Mary Logsdon
6. Mother's Maiden Name, Mary J Brooks
7. Mother's Birthplace, Md
8. Full Name of Father, Wm Logsdon
9. Father's Occupation Farmer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr Wm Longfellow

Address, Md Gen'l Hosp

Remarks,

1897000255 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20 '97
4. Place of Birth, (Street and Number) 1535 E. Monument St.
5. Full Name of Mother, Christina Forst
6. Mother's Maiden Name, " Schreiber
7. Mother's Birthplace, Balto
8. Full Name of Father, Conrad Forst
9. Father's Occupation Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. D'Ippenbeyer

Address, 241 N Washington Ave

Remarks,

1897000 2552

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20 / 9 / 0
4. Place of Birth, (Street and Number) 208 Gough St.
5. Full Name of Mother, Katie Feigh
6. Mother's Maiden Name, Feine
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert Feigh
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Dipenbrock

Address, 24 S Paca St

Remarks,

1897000553

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 82458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 April
4. *Place of Birth, (Street and Number)*	1137 Lexington Street
5. *Full Name of Mother,*	Annie Straft
6. *Mother's Maiden Name,*	Annie Williams
7. *Mother's Birthplace,*	Stokes Ferry
8. *Full Name of Father,*	August Straft
9. *Father's Occupation*	Waiter Dewey
10. *Father's Birthplace,*	31 West Street Balto
Name of Medical Attendant, or other person who makes this Return,	Nero Bangs
Address,	711 N. Crowd st.
Remarks,	

1897000 2554

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April the 2nd 1897
4. *Place of Birth, (Street and Number)*	Ramsey st No 1535
5. *Full Name of Mother,*	Mary E Foster
6. *Mother's Maiden Name,*	Mary E McFeeley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles A Foster
9. *Father's Occupation*	Boatsman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1922 Mitchinson
Remarks,	

1897 0002555

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th 1897
4. Place of Birth, (Street and Number) 2730 Hilton st
5. Full Name of Mother, Julia Riley
6. Mother's Maiden Name, " Roland
7. Mother's Birthplace, Chicago
8. Full Name of Father, John Riley
9. Father's Occupation Can Maker
10. Father's Birthplace, Chicago

Name of Medical Attendant, or other person who makes this Return, H. N. Schwatka M.D

Address, 2429 East Ave

Remarks,

1897000255 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 82459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20. 1897.
4. Place of Birth, (Street and Number) 2034 S Charles St
5. Full Name of Mother, Mrs Margaret Wilson.
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm Chas Wilson.
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Harry Lyons M.D.

Address, 1904 S Charles St.

Remarks,

1897000255 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Third Child

1. *Sex, (state whether male or female)* White, Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20" 1897
4. *Place of Birth, (Street and Number)* #753 Roland ave Baltimore
5. *Full Name of Mother,* M. Elizabth Donnelly
6. *Mother's Maiden Name,* " " Belden
7. *Mother's Birthplace,* Powhatan Baltimore County
8. *Full Name of Father,* Chas. Franklin Donnelly
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace,* Mt Washington Baltimore County

Name of Medical Attendant, or other person who makes this Return, Martha E. King

Address, #575 Hickory ave Hampden City

Remarks,

1897 00025588

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 82461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* April 20th 1897
4. *Place of Birth, (Street and Number)* 616 N. Molcina A.
5. *Full Name of Mother,* Ellen Lane
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno W. Lane
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Cambridge, Md.

Name of Medical Attendant, or other person who makes this Return, Wm M Dabney M D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

84700025599

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice. The Sanitary Code contains a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(M 1236)

RETURN OF A BIRTH. 82462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Eighth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 20 1897
4. *Place of Birth, (Street and Number)*	728 S. Durham St
5. *Full Name of Mother,*	Maria Preiss
6. *Mother's Maiden Name,*	" Oleck
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Preiss
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Maria Preiss
Address,	721 S. Ann St
Remarks,	

8970002560

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th
4. Place of Birth, (Street and Number) Block 1404
5. Full Name of Mother, Mary Lisiecka
6. Mother's Maiden Name, Nadkowska
7. Mother's Birthplace, Poland
8. Full Name of Father, John Lisiecka
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krezko

Address, 602 S. Ann St.

Remarks,

1897 0002561

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Apr. 21/97
4. *Place of Birth, (Street and Number)*	2283 Penna. Ave.
5. *Full Name of Mother,*	Mrs Wilbur Parkinson
6. *Mother's Maiden Name,*	Gertrude Peddicord
7. *Mother's Birthplace,*	Frederick Co. Md.
8. *Full Name of Father,*	Wilbur Parkinson
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	~~Baltimore~~ Md.
Name of Medical Attendant, or other person who makes this Return,	E A Brick M D.
Address,	2501 Penna. Ave.
Remarks,	

1897 0002562

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr. 21st 1897
4. *Place of Birth, (Street and Number)* 311 Montgomery St
5. *Full Name of Mother,* Mrs Cora Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, John F. O'Connor MD

Address, Maternité 115 N. Lombard St

Remarks,

8970002563

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1336]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21. (3 o'clock A. M.).
4. *Place of Birth, (Street and Number)* 1167 Columbia Ave.
5. *Full Name of Mother,* Annie A. Browning.
6. *Mother's Maiden Name,* Portt.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William Thomas Browning.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaund / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8 9 7 0 0 0 2 5 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1336]

RETURN OF A BIRTH. 82467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21
4. *Place of Birth, (Street and Number)* 1150 Pinkney st Balto Md
5. *Full Name of Mother,* Hannah Wiegand
6. *Mother's Maiden Name,* Hannah Jakusch
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry C. Wiegand.
9. *Father's Occupation* Shot fitter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 714 B. Crow st.

Remarks,

1897 0002565

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82,468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 April
4. *Place of Birth, (Street and Number)* 833 S. Bond Ste.
5. *Full Name of Mother,* Jane Mullin
6. *Mother's Maiden Name,* Burn
7. *Mother's Birthplace,* Irish
8. *Full Name of Father,* Thomas Mullin
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Irish

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, S. Bond. Ste. 838

Remarks,

8470002566

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex*, (state whether male or ~~female~~)
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, April 2 1897
4. *Place of Birth*, (Street and Number) 410 N. Broadway.
5. *Full Name of Mother*, Annie B. Tanner
6. *Mother's Maiden Name*, Annie B. Tearsall
7. *Mother's Birthplace*, Virginia
8. *Full Name of Father*, Charles B Tanner
9. *Father's Occupation* Clerk
10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other person who makes this Return, Thomas Sudler

Address, 703 E Balto st.

Remarks,

8970002567

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of been conferred its sex, color, the full name and occupation of said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commi shall occur without the attendance of a physician or practitione attendance upon the mother, immediately thereafter it shall b child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82470

GIVEN NAME ADDED, 5-14-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred Camilla R. 1st Webster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, April 21st 1897.
4. *Place of Birth*, (Street and Number) 903 Hopkins Ave.
5. *Full Name of Mother*, Emma R. Webster
6. *Mother's Maiden Name*, Emma R. Brookes
7. *Mother's Birthplace*, Annapolis
8. *Full Name of Father*, Daniel B. Webster
9. *Father's Occupation* Paper hanger
10. *Father's Birthplace*, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby

Address, 1219 N. Caroline St.

Remarks,

8970002568

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21st 1897
4. *Place of Birth, (Street and Number)* 1221 N. Central Ave
5. *Full Name of Mother,* Marion E. Jones
6. *Mother's Maiden Name,* Marion E. Jones
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Geo. W. Jones
9. *Father's Occupation* Street Car Conductor
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby. M.D.

Address, 1219 N. Caroline st.

Remarks,

1897 0002569

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 1897
4. *Place of Birth, (Street and Number)* 2323 Linden av.
5. *Full Name of Mother,* Emma Calder
6. *Mother's Maiden Name,* Emma King
7. *Mother's Birthplace,* Bald.
8. *Full Name of Father,* Geo. Calder
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Bald,

Name of Medical Attendant, or other person who makes this Return, Dr R. W. Mansfield

Address, 129 S Broadway

Remarks,

T 8 7 7 0 0 0 2 5 7 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 7-12-56

RETURN OF A BIRTH. 82473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Earle Benton Bourne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 21 1897.
4. Place of Birth, (Street and Number) 14 N Gilmor St
5. Full Name of Mother, Grace Edna Bourne
6. Mother's Maiden Name, Grace Edna Ripple
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James W. B Bourne
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J. W. Slater M.D.

Address, 1834 W Baltimore St

Remarks,

8 9 7 0 0 2 5 7 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 22 1897
4. Place of Birth, (Street and Number) J H H
5. Full Name of Mother, Twiss Hart
6. Mother's Maiden Name, " "
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Charles Timms
9. Father's Occupation Drummer
10. Father's Birthplace, Ark

Name of Medical Attendant, or other person who makes this Return, Mrs W E Dobbin M D

Address, J H H

Remarks,

8 9 7 0 0 0 2 5 7 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 April
4. *Place of Birth, (Street and Number)* S. Bond Ste. 726
5. *Full Name of Mother,* Victoria Kilkowsky
6. *Mother's Maiden Name,* Kuchasowska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Frank Kilkowsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this return, Mary Grett.

Address, 838 S. Bond Stt.

Remarks,

8970002573

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Ap-22-97-
4. *Place of Birth, (Street and Number)* md Genl Hosp
5. *Full Name of Mother,* Sarah Theis
6. *Mother's Maiden Name,* Sarah Bealy
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* ~~do~~ Gus Louis Theis
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Owen Lumpkin md Genl Hosp

Address,

Remarks,

8970002574

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 22 97
4. *Place of Birth, (Street and Number)* 1221 E Biddle St.
5. *Full Name of Mother,* Maggie Shoffiker
6. *Mother's Maiden Name,* Brafton
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob Shoffiker
9. *Father's Occupation* Silverer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 141 S. Washington Ave

Remarks,

18970002575

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 82478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd/97
4. Place of Birth, (Street and Number) 1303 W Lombard Street Balto Md
5. Full Name of Mother, Mary Elisibeth Dailey
6. Mother's Maiden Name, Mary Elisibeth Thorten
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph P. Dailey
9. Father's Occupation Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Lumpkin

Address, 23 So Appleton St

Remarks,

8470002576

month, and shall set forth as far as the same can be ascertained the (full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 82479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 22 — 1897
4. Place of Birth, (Street and Number) 2326 E. Fayette St.
5. Full Name of Mother, Alexana Brickett
6. Mother's Maiden Name, Wingate
7. Mother's Birthplace, Dorchester Co. Md
8. Full Name of Father, George H. Brickett
9. Father's Occupation Merchant
10. Father's Birthplace, Dorchester Co. Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oratt St.

Remarks,

1897 0002577

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 82480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22
4. Place of Birth, (Street and Number) 853 Reinhard St
5. Full Name of Mother, Martha Elizabeth Hebel
6. Mother's Maiden Name, " Ludwig
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Alphonsus Hebel
9. Father's Occupation Truck Maker at Present Book agent
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N. Cross st

Remarks,

8970002578

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 82481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 April
4. Place of Birth, (Street and Number) Baltimore 1156 Scott st
5. Full Name of Mother, Minnie Schweikert
6. Mother's Maiden Name, Minnie Zimmerman
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Schweikert
9. Father's Occupation Glass Blower
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gross st

Remarks,

8 9 7 0 0 0 2 5 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 22 1907
4. *Place of Birth, (Street and Number)* 17 Elliott St
5. *Full Name of Mother,* Kate Rodman
6. *Mother's Maiden Name,* Kate Kennedy
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Tom Rodman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mary L. Thomas

Address, 124 Canton Ave

Remarks,

8 9 7 0 0 0 2 5 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

The physician or midwife in attendance shall report to the Registrar of Vital Statistics, Board of Health, all of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of April
4. *Place of Birth, (Street and Number)* 512 S. Durham St.
5. *Full Name of Mother,* Johanna Mohrmann
6. *Mother's Maiden Name,* = Mahler
7. *Mother's Birthplace,* W. Peruſien (Germ)
8. *Full Name of Father,* John Mohrmann.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Bavaria.

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Weiss. (Robinton)

Address, 512 S. Port St.

Remarks,

8970002581

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 82484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 22 th April 1897.
4. Place of Birth, (Street and Number) 805. Lehman stret
5. Full Name of Mother, Mari Roskoski
6. Mother's Maiden Name, Mari Bartkowyak
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Roskoski
9. Father's Occupation Saber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hr R Siersmann

Address, 2922 Elliott street.

Remarks,

1897 0002582

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 22, 1897
4. *Place of Birth, (Street and Number)* 503 S. Caroline St
5. *Full Name of Mother,* Kate Alexeffskey
6. *Mother's Maiden Name,* Kate Cohen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Alexeffskey
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Ross Finnaberg

Address, 25 S Long St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 2 5 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22nd 97
4. *Place of Birth, (Street and Number)*	1726 N. Fulton av
5. *Full Name of Mother,*	May. Isabell Fogle
6. *Mother's Maiden Name,*	Mrs Isabell Johnson
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Fogle
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return,	C. Frank Jones MD
Address,	1336 N. Gilmor St
Remarks,	

8 9 7 0 0 0 2 5 8 4

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 82487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 12th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 22d day of April 1897

4. *Place of Birth, (Street and Number)* No 929 Somerset St

5. *Full Name of Mother,* Mary Reed

6. *Mother's Maiden Name,* Mary Ernst

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Reed

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lauer

Address, No 1159 Harford Ave

Remarks, Bal Md

1897

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970002585

RETURN OF A BIRTH. 82488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.½
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd of April 92.
4. *Place of Birth, (Street and Number)*	324 Schmallwood Ave
5. *Full Name of Mother,*	Louise Fleck
6. *Mother's Maiden Name,*	Louise Heinemann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Fleck
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8970002586

Register of births shall contain the same of birth schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and register of such birth, and shall enter the same on blank Health. This schedule shall contain a list of the births which have occurred under his or her care during month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and been conferred, its sex, color, the full name and occupation of the father, and such other particulars as said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person who shall become the duty of the person or parents of such child, in the manner and within the period above required, to report its birth to the Commissioner of Health, immediately hereafter it shall attendance upon the mother, immediately hereafter it shall become the duty of the person in charge of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH. 82489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 22d 1897.
4. *Place of Birth, (Street and Number)*	529 Montrose st.
5. *Full Name of Mother,*	Martha L Lawson.
6. *Mother's Maiden Name,*	Martha L Rhodes.
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	Charles O Lawson.
9. *Father's Occupation,*	Porter.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	John A Pennington
Address,	1716 Linden
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 0 5

FM 1236]

RETURN OF A BIRTH. 82490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 23. (1 o'clock P. M.)
4. Place of Birth, (Street and Number) 1109 Shields Alley
5. Full Name of Mother, Ada Frank
6. Mother's Maiden Name, Barnett
7. Mother's Birthplace, Fremont City - Ohio.
8. Full Name of Father, William Henry Frank,
9. Father's Occupation Salesmen,
10. Father's Birthplace, Barkley Hill W. Va.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kamm / for the Mothers Relief Society

Address, / 1412 Eutaw Place.

Remarks,

8970002588

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such birth, and shall enter the same on Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* April 23rd 1897
4. *Place of Birth, (Street and Number)* 809 Druid Hill Park North
5. *Full Name of Mother,* Martha Sayles
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Reisterstown Md
8. *Full Name of Father,* Charles Sayles
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm McDaniel M D.

Address, Johns Hopkins Hospital, Baltimore, Md

Remarks,

8 9 7 0 0 0 2 5 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 82492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 23d 1897
4. *Place of Birth, (Street and Number)* 1138 Brighton st.
5. *Full Name of Mother,* Annie Byrd -
6. *Mother's Maiden Name,* Gains
7. *Mother's Birthplace,* Essex Co. Va.
8. *Full Name of Father,* Louther Byrd
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Essex Co. Va.

Name of Medical Attendant, or other person who makes this Return, W.S. Hawkins

Address, Green & Mulberry sts

Remarks,

8970002590

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 82493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23 1897
4. *Place of Birth, (Street and Number)* 610 S. Wolf St
5. *Full Name of Mother,* Rosalia Hodarek
6. *Mother's Maiden Name,* " Koopska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Stanislaus Hodarek
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Maria Bejier

Address, 721 S. Ann St.

Remarks,

18970002591

Register of Births and State Offices the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 23d 1897
4. *Place of Birth, (Street and Number)* 1217 Druid Hill Park Terrace.
5. *Full Name of Mother,* Mary E. Singleton.
6. *Mother's Maiden Name,* " " Slaven
7. *Mother's Birthplace,* Balto. city, Md.
8. *Full Name of Father,* John P. Singleton
9. *Father's Occupation* Feed & Grain Merchant.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, R. J. N. Tall. M.D.

Address, 1204 Madison Ave.

Remarks,

8970002592

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or person who shall attend upon the birth of any child, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 82495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23, 1894.
4. Place of Birth, (Street and Number) 606 Fourth ave.
5. Full Name of Mother, Florence M. Webb.
6. Mother's Maiden Name, Child.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward C. Webb.
9. Father's Occupation Machinist.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chesterfield ave.

Remarks,

8 9 7 0 0 0 2 5 9 3

Health. This Section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3 the

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 7 of April
4. *Place of Birth,* (*Street and Number*) 709 E. Fort Av.
5. *Full Name of Mother,* Katie Schramm
6. *Mother's Maiden Name,* = Lange
7. *Mother's Birthplace,* Ober Franken (Bavaria)
8. *Full Name of Father,* John Schramm
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ober Franken (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss (Midwife)

Address, 613. E. Fort Av.

Remarks,

8970002594

Wm. J. C. Dulany Co,. City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 April
4. Place of Birth, (Street and Number) 1923 Canton ave
5. Full Name of Mother, Elisabeth Brokhoff
6. Mother's Maiden Name, Tasselmann
7. Mother's Birthplace, Münster (Germ.)
8. Full Name of Father, Gerhardt Brokhoff
9. Father's Occupation painter
10. Father's Birthplace, Münster (Germ)

Name of Medical Attendant, or other person who makes this Return, Wm. G. Weiss. Belvedere

Address, 613 S. Port St

Remarks,

8970002595

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 April 1897
4. *Place of Birth, (Street and Number)* 712 Lawrence Ave.
5. *Full Name of Mother,* Mary Salmon
6. *Mother's Maiden Name,* = Schön
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Salmon
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Bremen (Germ.)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss-Bahnsen

Address, 615 S. Port St.

Remarks,

8970002596

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred since the ... day of the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 April
4. *Place of Birth, (Street and Number)*	Bond St. 604
5. *Full Name of Mother,*	Rosa Welepolska
6. *Mother's Maiden Name,*	" Kapostka
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	George Welepolska
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Kuchta
Address,	602 Bond
Remarks,	

8 4 7 0 0 0 2 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 4-12-52

RETURN OF A BIRTH. 82500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Catharine Virginia~~ Yoos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 1897
4. *Place of Birth, (Street and Number)* 6 N Caroline St.
5. *Full Name of Mother,* Lucie Olsen Yoos
6. *Mother's Maiden Name,* Lucie F Burde
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Conrad Yoos
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr and Midwife

Address, 322 Caroline St.

Remarks,

1 8 9 7 0 0 0 2 5 9 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RM 1236.]

RETURN OF A BIRTH. 82501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24th March
4. *Place of Birth, (Street and Number)* 233 S. Durham St
5. *Full Name of Mother,* Barbara Schlauch
6. *Mother's Maiden Name,* Barbara Burkhard
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John A Schlauch
9. *Father's Occupation* undertaker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Bart Mikesell

Address, 1417 E. Eager St

Remarks,

8470002599

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 82502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 24 3 oclock a-m
4. Place of Birth, (Street and Number) 1017 N. Durham St
5. Full Name of Mother, Annie Maria Wright
6. Mother's Maiden Name, Annie Murray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Franklin Wright
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 823 Exeter St

Remarks, none

1897000026000

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 24th 1894.
4. Place of Birth, (Street and Number) Bet. Penn & Fairmount
5. Full Name of Mother, Susan Satchell
6. Mother's Maiden Name, " Washington
7. Mother's Birthplace, Sommerset, Co., Md.
8. Full Name of Father, George Satchell
9. Father's Occupation Farmer
10. Father's Birthplace, Accomac Co. Va.

Name of Medical Attendant, or other person who makes this Return, Henry J. Hincher M.D.

Address, Balt. Univ. Hosp.

Remarks,

8970002601

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 82504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday April 24th 1897
4. Place of Birth, (Street and Number) 1524 S. Paca Sty
5. Full Name of Mother, Annie Conley
6. Mother's Maiden Name, Annie Carter
7. Mother's Birthplace, Elkridge Howard Co. Md.
8. Full Name of Father, Frank F. Conley
9. Father's Occupation Compositor
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Miss Paige

Address, 711 N. Grove st

Remarks,

8970002602

Wm. J. C. Dulany Co., City Printers and Stationers.

m 1356]

RETURN OF A BIRTH. 82505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th 97
4. *Place of Birth, (Street and Number)* 613 S. Fremont str.
5. *Full Name of Mother,* Nettie Suchting
6. *Mother's Maiden Name,* Nettie Lankett
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry William Suchting
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Rensburg, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Banks.

Address, 711 N Grant st

Remarks,

8970002603

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 82506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24 1897
4. Place of Birth, (Street and Number) 42 W. Cross st
5. Full Name of Mother, Annie Louise Wille, Grueninger
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Louis Wille
9. Father's Occupation Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Howard

Remarks,

8970002604

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th April 1897
4. Place of Birth, (Street and Number) No 1407 Hanbit Street Louse P.
5. Full Name of Mother, Emeline Lych
6. Mother's Maiden Name, Emeline Sheckels.
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Henry Lych
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md City

Name of Medical Attendant, or other person who makes this Return, Mrs Cornelius Allen.

Address, No 1407 Nicholson Street

Remarks,

8970002605

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24 1897
4. *Place of Birth, (Street and Number)* 1830 Carlton St
5. *Full Name of Mother,* Ella Ernest
6. *Mother's Maiden Name,* Ella Pearson
7. *Mother's Birthplace,* Oxford
8. *Full Name of Father,* Thomas Ernest
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Joseph Robinson

Address, 120 Carlton St

Remarks,

8970002606

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) iij

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* April 25th 1897
4. *Place of Birth, (Street and Number)* 123 S. Dallas St.
5. *Full Name of Mother,* Willie Turner
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Ann Arundel Co. Md
8. *Full Name of Father,* Nathaniel Turner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Eastern Shore, Va

Name of Medical Attendant, or other person who makes this Return, Wm. McDaboey M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8 9 7 0 0 0 2 6 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 22 1897
4. *Place of Birth, (Street and Number)* East St 22 32
5. *Full Name of Mother,* Elizabeth holland
6. *Mother's Maiden Name,* Elizabeth Conner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John S holland
9. *Father's Occupation* Breakman
10. *Father's Birthplace,* Wilmington Delaware

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, No 1922 Whitwin Ave

Remarks,

8970002608

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... *twin*

1. *Sex, (state whether male or female)* ..... *Male* *Wm J. Jones*
2. *Race or Color, (if not of the white race)* ..... *Colored*
3. *Date of Birth,* ..... *April 24 11*
4. *Place of Birth, (Street and Number)* ..... *1134 Russell Street*
5. *Full Name of Mother,* ..... *Mary A Jones*
6. *Mother's Maiden Name,* ..... *Johnson*
7. *Mother's Birthplace,* ..... *Balto City*
8. *Full Name of Father,* ..... *Eldridge Jones*
9. *Father's Occupation* ..... *Laborer*
10. *Father's Birthplace,* ..... *Liberia W A*

Name of Medical Attendant, or other person who makes this Return, ... *Will Brooks*

Address, ... *1132 Warner St*

Remarks, ... *Mother will give name of child*

full name of child added by mother when applying for transcript
10-28-31

May A Jones Mother

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the names of all children born within the city, which shall have been certified to the Commissioner of Health, during the month preceding the date of such schedule, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the physician or practitioner in attendance upon the mother, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 82512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1899
4. *Place of Birth, (Street and Number)* No 1125 S. Paca
5. *Full Name of Mother,* Mary A. Knecht
6. *Mother's Maiden Name,* M. A. Kaiser
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* John Knecht
9. *Father's Occupation,* Brick Manufacturer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H. L. Richardson

Address, 855 W. Lombard St

Remarks,

1897000261 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82513

GIVEN NAME ADDED 5/10/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estelle Marie Beck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 6 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 April 1897
4. Place of Birth, (Street and Number) 1613 Bank st.
5. Full Name of Mother, Francis Beck
6. Mother's Maiden Name, Francis Bell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bill Beck
9. Father's Occupation. Labore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 1820 Canton Ave

Remarks,

8970002611

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 82514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1897
4. *Place of Birth, (Street and Number)* 245 S. Regester st
5. *Full Name of Mother,* Mary Agatha
6. *Mother's Maiden Name,* O Kunnan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob F. Agatha
9. *Father's Occupation* Boarder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, H. H. Schwatka M.D

Address, 2429 Fait Ave

Remarks,

8970002612

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 82515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Apr 25 1897

4. Place of Birth, (Street and Number) 1 H H

5. Full Name of Mother, Isabella Boyton

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Pa

8. Full Name of Father, F Taylor

9. Father's Occupation Musician

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Geo W Robinson MD

Address, 1 H H

Remarks,

8 9 7 0 0 0 2 6 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	2~~7~~ 8th April 1897
4. *Place of Birth, (Street and Number)*	7 Eddy St
5. *Full Name of Mother,*	Eloise Mantley
6. *Mother's Maiden Name,*	Eloise Margery
7. *Mother's Birthplace,*	Charleston South Carolina
8. *Full Name of Father,*	Frank Mantley
9. *Father's Occupation*	Coal Dealer.
10. *Father's Birthplace,*	Matthews, County, Virginia
Name of Medical Attendant, or other person who makes this Return,	Mary Louisa Stafford
Address,	524 Chestnutt St
Remarks,	Healthy Child.

1897000026 14

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25th
4. *Place of Birth, (Street and Number)*	904 Greenmount ave
5. *Full Name of Mother,*	Eva Filbert
6. *Mother's Maiden Name,*	Eva Wagner
7. *Mother's Birthplace,*	Adams Co Pa
8. *Full Name of Father,*	Wm Filbert
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Annie O Brien
Address,	932 Greenmount ave
Remarks,	

8970002615

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

ths which have occurred under his or her care during the
This schedule shall contain a list of the births wh
Health.
month, and shall set forth as far as the same can be ascerta
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to comp
jected to the fine of ten ($10) dollars for each offence, to be re

RETURN OF A BIRTH. 82578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	april 25 1897
4. *Place of Birth, (Street and Number)*	1622 N Payson st
5. *Full Name of Mother,*	Mary B. Williams
6. *Mother's Maiden Name,*	Mary Blake
7. *Mother's Birthplace,*	Charlestown W. Va.
8. *Full Name of Father,*	Fredrick I Williams
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Watford Ont
Name of Medical Attendant, or other person who makes this Return,	S. W. Slaterme
Address,	1624 W Fayette st
Remarks,	

8 9 7 0 0 0 2 6 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

Dec

RETURN OF A BIRTH. 82519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Name: Edgar Leroy Eiser 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1897
4. *Place of Birth, (Street and Number)* 1209 Riverside ave
5. *Full Name of Mother,* Emma L Eiser
6. *Mother's Maiden Name,* Graff
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Charles A Eiser
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Broches

Address, 828 Eagle st

Remarks, Living Well

8 7 0 0 0 2 6 1 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 26/97
4. *Place of Birth, (Street and Number)*	1229 Orleans St.
5. *Full Name of Mother,*	Catherine Tighe
6. *Mother's Maiden Name,*	" Campbell
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jas. Tighe
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Dr. R. W. Mansfield
Address,	129 S Broadway
Remarks,	

8 9 7 0 0 0 2 6 1 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. H.

3. Date of Birth, April 27 W. H. 1897

4. Place of Birth, (Street and Number) 409 S. Eden

5. Full Name of Mother, Annie L. Gorsuch

6. Mother's Maiden Name, Annie L. Smith

7. Mother's Birthplace, B C.

8. Full Name of Father, Milton C Gorsuch

9. Father's Occupation, Conductor on Street Car

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo L. Wiltbank

Address, C N Brady

Remarks,

8970002619

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 82522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) thiod

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26th 1897
4. Place of Birth, (Street and Number) 1359 N. Gilmor St
5. Full Name of Mother, Mary C. Schmoll
6. Mother's Maiden Name, " Lyons
7. Mother's Birthplace, Alexandria Va
8. Full Name of Father, Fred'k Schmoll
9. Father's Occupation Piano Tuner
10. Father's Birthplace, Cassel, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Lyons Tee

Address, 2 E Mt Royal Place St

Remarks,

8970002620

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 82523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 97
4. *Place of Birth, (Street and Number)* Canton Ave. 2228
5. *Full Name of Mother,* Leona Conrad
6. *Mother's Maiden Name,* " Gwoska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Conrad
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kretzstoa

Address, 602 Bond St.

Remarks,

8970002621

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 82524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26th April
4. Place of Birth, (Street and Number) 10.20 Hillman Ct
5. Full Name of Mother, Katy Whitty
6. Mother's Maiden Name, Katy Reddy
7. Mother's Birthplace, Ireland
8. Full Name of Father, John White
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Ann Sheehy

Address, 1417 E Eager St.

Remarks,

18970002622

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 82525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26 1897
4. *Place of Birth, (Street and Number)*	528 Lugano St
5. *Full Name of Mother,*	Maria Kozuoska
6. *Mother's Maiden Name,*	Maria Koszoska
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Kozuoska
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant or other person who makes this return,	Maria Bezjer
Address,	711 S Ann St
Remarks,	

1897000026 23

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26th 1897
4. *Place of Birth, (Street and Number)*	628 Hoster
5. *Full Name of Mother,*	Mary Shaffer
6. *Mother's Maiden Name,*	Evans
7. *Mother's Birthplace,*	Carroll Co Md
8. *Full Name of Father,*	Andrew Shaffer
9. *Father's Occupation*	Stableman
10. *Father's Birthplace,*	Carroll Co Md
Name of Medical Attendant, or other person who makes this Return.	Chas E Sutter
Address,	1839 Baltimore
Remarks,	

8970002624

Wm. J. C. Dulany Co., City Printers and Stationers

[Form 1236.]

RETURN OF A BIRTH. 82527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26 1897.
4. *Place of Birth, (Street and Number)* Rr. 1621 N. Dallas street
5. *Full Name of Mother,* Lina Parker
6. *Mother's Maiden Name,* Lina Horst.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Wm A. Parker
9. *Father's Occupation* Cofer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Augs A. Elwell, M.D.

Address, 1741 Harford ave.

Remarks,

8470002625

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 82528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Apr 26 1847
4. *Place of Birth, (Street and Number)*	J H H
5. *Full Name of Mother,*	Mary Ellen Cook
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	W Va
8. *Full Name of Father,*	Ed. Burgoyne
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	W Va
Name of Medical Attendant, or other person who makes this Return,	Geo W Doolin M D
Address,	J H Hospital
Remarks,	

8 9 7 0 0 0 2 6 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 82529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Apr 26 1897
4. *Place of Birth, (Street and Number)* J & H
5. *Full Name of Mother,* Ruby Bell Couch
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* ? Thamas
9. *Father's Occupation* Domestic
10. *Father's Birthplace,* ?

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, J & H

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970002627

RETURN OF A BIRTH. 82530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 27 '97.
4. Place of Birth, (Street and Number) 727 Forrest St.
5. Full Name of Mother, Catharine Norwood
6. Mother's Maiden Name, " Casey
7. Mother's Birthplace, City
8. Full Name of Father, William Norwood
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, City
- Name of Medical Attendant, or other person who makes this Return, Henry F. Hospidy
- Address, 702 Greenmount Ave
- Remarks,

8970002628

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 82531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth,*	Apr. 27/97
4. *Place of Birth, (Street and Number)*	104 Diamond St.
5. *Full Name of Mother,*	Mrs. Wm McKnight
6. *Mother's Maiden Name,*	Theresa Dagenhardt
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William McKnight.
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Delaware
Name of Medical Attendant, or other person who makes this Return,	E A Smith M.D.
Address,	2534 Penna. Ave.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8970002629

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 173-8 WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

REEL BEGINS WITH 1897-000001

REEL ENDS WITH 1897-002629

BY Linda L. Walker
(SIGNATURE OF OPERATOR)

DATE 9/18/78

PS – 827

HR - RM 25
(6 - 1 - 59)
HALL OF RECORDS COMMISSION